

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF CITY PLANNING

FINAL

85.244E

**SAINT FRANCIS MEDICAL BUILDING
AND PARKING GARAGE ADDITION
ENVIRONMENTAL IMPACT REPORT**

DOCUMENTS DEPT.

MAY 12 1987

SAN FRANCISCO
PUBLIC LIBRARY

DRAFT EIR PUBLICATION DATE: NOVEMBER 14, 1986

DRAFT EIR PUBLIC HEARING DATE: DECEMBER 18, 1986

DRAFT EIR PUBLIC COMMENT PERIOD: NOVEMBER 14, 1986 THROUGH DECEMBER 18, 1986

EIR CERTIFICATION DATE: MARCH 19, 1987



5/S

SAN FRANCISCO
PUBLIC LIBRARY

REFERENCE
BOOK

Not to be taken from the Library



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF CITY PLANNING

FINAL

85.244E

**SAINT FRANCIS MEDICAL BUILDING
AND PARKING GARAGE ADDITION
ENVIRONMENTAL IMPACT REPORT**

DRAFT EIR PUBLICATION DATE: NOVEMBER 14, 1986

DRAFT EIR PUBLIC HEARING DATE: DECEMBER 18, 1986

DRAFT EIR PUBLIC COMMENT PERIOD: NOVEMBER 14, 1986 THROUGH DECEMBER 18, 1986

EIR CERTIFICATION DATE: MARCH 19, 1987

-
- CHANGES FROM THE TEXT OF THE DRAFT EIR ARE INDICATED BY SOLID DOTS AT THE BEGINNING OF EACH REVISED SECTION, PARAGRAPH, GRAPHIC OR TABLE.
-

D REF 711.555 Sa23f

Saint Francis medical
building and parking
1986.

S.F. PUBLIC LIBRARY

3 1223 03703 7620

SAINT FRANCIS MEDICAL BUILDING AND
PARKING GARAGE ADDITION

TABLE OF CONTENTS

	<u>Page</u>
I. SUMMARY	1
II. PROJECT DESCRIPTION	11
A. Project Sponsor's Objectives	11
B. Project Location	11
C. Project Characteristics	13
D. Project Schedule, Cost, and Approval Requirements	23
III. ENVIRONMENTAL SETTING	25
A. Land Use and Zoning	25
B. Urban Design	30
C. Shadows	36
D. Transportation, Circulation and Parking	36
E. Air Quality	43
F. Population and Housing	45
IV. ENVIRONMENTAL IMPACTS	47
A. Land Use and Zoning	47
B. Urban Design	50
C. Shadows	59
D. Transportation, Circulation and Parking	66
E. Air Quality	87
F. Construction Noise	91
G. Population and Housing	95
H. Growth Inducement	97
V. MITIGATION MEASURES WHICH WOULD MINIMIZE THE POTENTIAL ADVERSE IMPACTS OF THE PROJECT	100
VI. SIGNIFICANT ENVIRONMENTAL EFFECTS THAT CANNOT BE AVOIDED IF THE PROPOSED PROJECT IS IMPLEMENTED	108
VII. ALTERNATIVES TO THE PROPOSED PROJECT	109
A. No Project	109
B.1 Reduced Parking in Medical Building (Code Complying Parking)	109
B.2 Reduced Parking in Garage Addition (Code Complying Parking)	110
C. Increased Parking in Medical Building	112
D.1 Reduced Height Medical Building and Required Parking On-Site	113
D.2 Reduced Medical Space and Increased Parking	116
● VIII. SUMMARY OF COMMENTS AND RESPONSES	120
IX. EIR AUTHORS AND CONSULTANTS; ORGANIZATIONS AND PERSONS CONSULTED	246
X. DISTRIBUTION LIST	248
● XI. CERTIFICATION MOTION	256
XII. APPENDICES	A-1

TABLE OF CONTENTS (Continued)

LIST OF TABLES

	<u>Page</u>
1. Project Characteristics	18
2. Relationship Between Applicable Urban Design Policies of the Master Plan and the Proposed Project	57
3. Estimated Outbound Travel Demand by Mode from the Project	70
● 4. Projected Peak-Hour Intersection Volume-to-Capacity Ratios and Levels of Service	73
5. Project Parking Requirements	75
6. Existing Modal Split for Saint Francis Memorial Hospital and 909 Hyde St. Medical Building	77
7. Service Vehicle Travel Attributable to the Project	79
8. Outbound Regional Auto Demand	82
9. Outbound Regional Transit Demand and Level of Service	84
10. Projected Daily Pollutant Emissions	88
11. Existing and Projected Curbside Carbon Monoxide Concentrations at Selected Intersections	90
12. Typical Construction Noise Levels	93
13. Summary and Comparison of Project with Alternatives	119

LIST OF FIGURES

1. Project Locations	12
2. Bush Street and Hyde Street Elevations, Medical Office Building	14
3. Building Section, Medical Office Building	15
4. Garden Level Floor Plan Medical Office Building	16
5. Lobby Floor Plan, Medical Office Building	17
● 6. Parking Garage Addition, Pine Street Elevation and Building Section	21
7. Typical Floor Plan, Parking Garage Addition	22

TABLE OF CONTENTS (Continued)

LIST OF FIGURES

	<u>Page</u>
8. Land Use in Project Vicinity	26
9. Planning Code Use Districts	28
10. Height and Bulk Districts	29
11. Bush Street Views of Medical Building Site	31
12. Pine Street Views of Parking Garage Addition Site	32
13. Architectural Resources in Project Vicinity	34
14. Transit Routes in Project Vicinity	37
15. Existing Parking Conditions in Project Area	41
16. Average On-Street Occupancy Rates for Weekday Afternoons	42
● 17. View of Medical Building from Hyde Street	52
● 18. View of Medical Building from Bush Street Looking East	53
● 19. View of Medical Building from Bush Street Looking West	54
20. View of Parking Garage and Addition from Pine Street	55
● 21. Medical Building Shadow Patterns – December 21	62
● 22. Medical Building Shadow Patterns – March 21	63
● 23. Medical Building Shadow Patterns – June 21	64
● 24. Medical Building Shadow Patterns – September 21	65
25. Building Sections of Alternatives D.1 and D.2	114



Digitized by the Internet Archive
in 2014

<https://archive.org/details/saintfrancismedi1919sanf>

I. SUMMARY

A. PROJECT DESCRIPTION (see pp. 11 - 24)

Saint Francis Memorial Hospital Corporation proposes to construct a six-story medical building at the intersection of Hyde and Bush Sts. and a two-level, plus rooftop, addition to an existing parking garage, located on the north side of Pine St. between Hyde and Leavenworth Sts.

The 11,100-sq.-ft. medical building site is on Lot 31 of the Assessor's Block 280, which is bounded by Hyde, Bush, Leavenworth, and Sutter Sts. The 11,600-sq.-ft. garage addition site is Lot 9 of Assessor's Block 251; bounded by Pine, Hyde, California, and Leavenworth Sts. The medical building site is currently occupied by a 55-space lot with valet surface parking. The parking garage addition site currently contains a two-level parking garage; the existing parking garage would be retained for the project.

- The medical building would be about 80-ft. tall, plus a 16-ft. mechanical level, for a total building height of 96 ft. The medical building would include five floors of medical office space, and one floor of laboratory and therapy clinic and neighborhood-serving retail space on the ground floor above grade; below grade, there would be one level containing laboratory and therapy clinic space, and two levels of valet parking. The building would contain approximately 46,645 gross sq. ft. of office space; 14,830 gross sq. ft. of laboratory and therapy clinic space; 1,900 gross sq. ft. of retail space; and 19,690 gross sq. ft. of parking (117 valet spaces and two van-loading spaces). There would be a net increase of 62 valet parking spaces on Lot 31.

The parking garage addition would add 18 ft. in height to the existing 25-ft.-tall parking garage. The addition would incorporate approximately 32,480 gross sq. ft. of parking area (225 valet spaces) on three levels, including a rooftop level. There are 150 spaces of parking in the existing 23,200-gross-sq.-ft. two-level parking garage; the addition would reduce the number of spaces to 130 in the existing levels. A total of 355 valet spaces in 55,680 gross sq. ft. of parking would be available in the garage upon project completion.

There would be a net increase of 205 valet parking spaces at the garage addition site, and a net increase of 267 valet parking spaces for the project as a whole.

Approximately 63,625 sq. ft. of floor area in the medical building would be applicable to the Floor Area Ratio (FAR). The Planning Code excludes accessory off-street parking area from FAR calculations; thus, the parking area within the proposed medical building is excluded from this calculation. The maximum allowable floor area for the site is 4.8:1. The medical building would have an FAR of 4.6:1, with the use of corner lot premium, as allowed by Section 125(a) of the City Planning Code. The parking garage would have an FAR of 4.8:1 with the proposed addition.

The pedestrian entrance to the medical building would be on Bush St.; vehicular access to the underground parking levels would be on Hyde St. Access to the proposed garden, at the rear of the medical building, would be from the Garden Level, one floor below the ground floor. Access to the parking garage addition would be through the entrance to the existing parking garage on Pine St.

Removal of the parking lot and excavation at the medical building site would begin after completion of the parking garage addition, and would take about 13 weeks. Construction and finishing would then continue for about 57 weeks; the total construction period would be about 16 months. Construction and finishing for the parking garage addition would take about five months. Project completion and occupancy is expected in early 1989.

B. MAIN ENVIRONMENTAL EFFECTS

LAND USE AND ZONING (see pp. 47 - 50)

The project sites are within an area characterized predominantly by multi-unit residential apartments; medical uses have been associated with the area since 1911, and would be continued and expanded with the proposed medical building. Construction of the medical building and of the parking garage addition would not involve the removal of any residential units. The Hospital has begun construction (September, 1986) of one additional level to its Pierotti Pavilion, located across Bush St. from the medical building.

- The two sites are in an RC-4 (Residential Commercial Combined, High Density) District. The medical building site is in an 80-A Height and Bulk District, where the maximum allowable height is 96 ft. including an optional mechanical penthouse of up to 16 ft. in height. The parking garage addition site is within a 65-A Height and Bulk District, in which the maximum allowable height is 65 ft. Conditional Use authorization (CU) would be required for a medical institution (including medical office space); for not providing all required parking on-site (Section 159(c); for providing more than 150% of the required number of spaces (Sections 204.5(c) and 157); and for off-street parking not meeting requirements for accessory parking in an RC-4 District (Section 209.7(c)). Both project structures would require Conditional Use authorization for buildings exceeding 40 ft. in height in an R-District .

URBAN DESIGN (see pp. 50 – 58)

Construction of the project structures would not require demolition of any buildings rated in the preliminary survey conducted in 1983 by the Foundation for San Francisco's Architectural Heritage (Heritage), or in the 1976 San Francisco Department of City Planning Architectural Inventory.

The proposed medical building would be taller than existing, older development adjacent to the site and on blocks west and east of the site. The medical building would be of comparable height to larger residential buildings on blocks south of the site, and would be lower than the existing Saint Francis Memorial Hospital, north of the site. The height of the parking garage and addition would be comparable to that of prevailing development in the vicinity of the site.

The medical building and garage addition would not substantially increase wind velocities in the vicinity.

SHADOWS (see pp. 59 – 66)

The medical building would cast new shadow on Hyde and Bush Sts., and sidewalks adjacent to and opposite the medical building during all seasons of the year. The proposed medical building would not cast new shadow on open space protected by Proposition K, the Park Shadow Ban Ordinance.

The proposed garage addition would cast new shadow on the rooftop of the adjacent residential building to the west and on rear yards of residences to the northwest, north and east of the addition at various times of the day during all seasons. Lightwells of

adjacent buildings would not be substantially affected by new shadow since the lightwells are in existing shadow much of the time. The addition would not cast new shadow on open space protected by Proposition K, the Park Shadow Ban Ordinance.

TRANSPORTATION, CIRCULATION AND PARKING (see pp. 66 – 86)

No street closures or detours would be necessary during project construction. The sidewalks fronting the project site would need to be closed and a protected walkway provided, requiring curb lane closures. Because the existing Muni 27–Bryant bus stop on Bush St. is in front of the site, during construction, the stop would need to be moved, in cooperation with Muni and the City Department of Public Works. Construction activities would be completed at the garage addition site prior to start of construction of the medical building. During the 21-month total construction period three to six truck round trips per day would be generated for the parking garage addition, and eight to twelve truck round trips per day for the medical office building. During the eight-week period of foundation preparation and seismic reinforcement for the garage addition, one level of the 150-car garage would be temporarily closed at a time, resulting in increased demand for off-street and on-street parking spaces in the project area. No substantial traffic effects are expected as a result of cumulative construction activities.

The Saint Francis medical building project would generate about 3,200 new person trips per day. About 320 new outbound trips would occur during the p.m. peak period, 190 of these during the p.m. peak hour. These added trips would have varying effects on parking demand, pedestrian activity, transit demand and intersection operations, as summarized in the following paragraphs.

The project would provide a total increase of 267 parking spaces on both sites. Estimated project parking demand from the medical building would be 190 spaces. This would leave an estimated surplus of 77 spaces during the peak parking demand period (2:00 p.m. – 2:30 p.m.). Current users of on-street parking could, alternatively, make use of the estimated surplus of off-street spaces provided by the project.

The project would include a mitigation measure to provide and implement an on-going Transportation Systems Management (TSM) program. A Hospital employee would be designated as a "transportation broker" to coordinate measures that would encourage the increased use of transit and carpooling modes of travel. These measures would be used to reduce project parking demand and other transportation impacts.

The City Planning Code would not require the project to provide an off-street loading space. However, the sponsor would provide two van-sized parking spaces in the medical building garage, near the elevators, to be used for loading operations.

The proposed project would generate about 115 new pedestrian trips on the surrounding sidewalks during the p.m. peak hour. The Pine and Hyde Sts. sidewalks fronting the sites would continue to operate at open conditions, while the operation of the Bush St. sidewalk would be lowered from open to unimpeded. Unimpeded conditions would allow freedom for pedestrians to generally select the speed and direction of movement, with only minor conflicts between pedestrians.

The project would add about 70 new outbound p.m. peak-period trips to Muni. The new trips generated on the 27-Bryant would increase the existing (1984) peak period passengers per seat ratio (p/s) at the Bush/Hyde Sts. bus stop from 0.23 to 0.34, and at the Leavenworth/Bush Sts. bus stop from 0.44 to 0.48. The new trips on the 19-Polk would increase its 1983 peak period p/s ratio at the Polk/Sutter Sts. bus stops from 0.82 to 0.84 (northbound) and from 0.89 to 0.91 (southbound). The project's contribution to transit ridership in the major transit corridors would be 0.2% or less.

Cumulative development, including that from the proposed project and the Pierotti Pavilion expansion (one additional level of the four proposed), by the year 2000 would be expected to lower the level of service LOS at the Hyde and Bush Sts., and Leavenworth and Bush Sts. intersections in the project area from LOS A to LOS B. Three other intersections (Hyde and Pine Sts., Hyde and Sutter Sts., and Leavenworth and Pine Sts.) would remain unchanged. All five intersections would continue to operate at an acceptable level of service (LOS D or better).

AIR QUALITY (see pp. 87 - 91)

The project would result in an increase in local traffic volumes, and, therefore, would increase local air pollutant concentrations. With the project-generated air pollution taken into account, however, the local concentrations are estimated to remain well below the state standards.

Project construction would result in emissions of total suspended particulates (TSP), which, together with cumulative development, could increase the frequency of violations of the state TSP standard in San Francisco.

CONSTRUCTION NOISE (see pp. 91 – 94)

Construction of the medical building would increase noise levels for a period of about 16 months and construction of the parking garage would increase noise levels for a period of about five months. The medical building would not require pile driving for foundation preparation. The construction noise could temporarily interfere with speech and sleep of those people in the residential buildings adjacent to the project sites and across the street from the medical building site in the Pierotti Pavilion. The City's Noise Ordinance would require mitigation measures, which might include measures such as the use of electric-powered, rather than diesel-powered, construction equipment, so that construction noise would not exceed the legal limits.

POPULATION AND HOUSING (see pp. 95 – 97)

Construction of the medical building would displace four employees at the parking lot occupying the site. Most likely, the employees would be moved to another parking lot. The employees at the parking garage on the garage addition site would be retained.

- The proposed medical building would provide employment for about 230 persons, of which between about 166 and 181 are expected to be new employees to the Saint Francis Memorial Hospital facilities and the remaining would relocate from the existing 909 Hyde St. medical building. The proposed parking garage addition would employ one additional person. Housing demand generated by the medical building would be approximately 18 units, according to the formula in Section 313 of OAHPP, Ordinance 358-85. Because the project would contain less than 50,000 gross sq. ft. of office space, it is not subject to the OAHPP ordinance; the formula incorporated into the ordinance is used here only to estimate housing demand.

GROWTH INDUCEMENT (see pp. 97 – 99)

The project would add office space, laboratory and therapy clinic space, retail use and parking spaces in the vicinity of Saint Francis Memorial Hospital. The project would add 140 to 155 net new jobs to the area. The project would result in an intensification of medical office and parking space uses in the project area. The project is not expected to generate new medical or other development within the project vicinity.

C. MITIGATION MEASURES (see pp. 100 – 107)

Major measures identified that would mitigate potentially significant environmental effects include the following:

MEASURES PROPOSED AS PART OF THE PROJECT

- Saint Francis Memorial Hospital would provide and implement an on-going Transportation Systems Management (TSM) program and on-site transportation brokerage services in accordance with guidelines set forth in the Department of City Planning's publication "Developer's Manual for the Implementation of Transportation Broker Services and Transportation Conditions," with adjustment, as necessary, for conditions specific to the Hospital, medical building and the surrounding area. As part of this TSM program, the Hospital would continue and expand its existing programs related to the transportation needs of its employees and patients (described in Appendix C, p. A-35).
- The Hospital would also encourage employee carpool and vanpool systems in cooperation with RIDES for Bay Area Commuters by providing a central clearinghouse to carpool and vanpool information.
- Monthly long-term parking spaces in the projects' garages would be limited, and would be allocated by the Hospital based on the following order of priority:
 1. Carpool and vanpool parking.
 2. Physician parking.
 3. Employees required to use their autos in the performance of their job.
 4. Employees for whom other modes of commuting to work are infeasible.
- - The Hospital would offer a \$5.00 per month public transit subsidy for the displaced users of the Pine St. garage during the projected two-month construction phase when one of the two current levels at a time would be inaccessible.
- Rates for carpool/vanpool parking would be adjusted so that there would be a greater incentive for carpooling.

- During the construction period, construction truck movements would be permitted only between 8:00 a.m. and 4:00 p.m. to minimize area peak-hour traffic conflicts. The project sponsor and construction contractor would meet with the Traffic Engineering Division of the Bureau of Engineering of the Department of Public Works, the Fire Department, Muni, and the Department of City Planning to determine feasible traffic mitigation measures to reduce traffic congestion during construction of the project and other nearby projects. These measures would include the relocation of the 27-Bryant bus stop that would be displaced due to the Bush St. sidewalk relocation along the project site frontage.
- The Hospital is investigating the availability of off-street parking space in other parking facilities in the Hospital vicinity to accommodate off-street parking for the parking garage addition construction workers and temporarily displaced users of the existing Pine St. garage.
- Off-street parking for the medical building construction workers and displaced users of the on-site lot would be provided in the parking garage addition, which would be completed before the start of the medical building construction.
- As recommended by the Environmental Protection Element of the San Francisco Master Plan, an analysis of noise reduction measures would be prepared by an acoustical engineer for the project sponsor and presented to the Department of Public Works and City Planning before issuance of permits for new building construction by the Central Permit Bureau. Recommended noise insulation features, including inoperable windows and climate control for office space, would be part of the proposed project as necessary to reduce noise levels to those required by State law or recommended in the Master Plan.
- The project sponsor would require the project contractor to muffle and shield intakes and exhaust, shroud or shield impact tools and use electric-powered, rather than diesel-powered construction equipment, as feasible, so that noise would not exceed limits stated in the City's Noise Ordinance (Article 29, San Francisco Administrative Code, 1972).

- - The project sponsor would require the general contractor to limit construction activities which would result in increased noise levels beyond the property lines to between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday.

D. ALTERNATIVES (see pp. 109 - 119)

The following alternatives are considered:

A. NO-PROJECT:

The medical building and parking garage addition would not be built. Project characteristics would be similar to those discussed in the Setting of this EIR.

B.1 REDUCED PARKING IN MEDICAL BUILDING:

This alternative would be the same as the project except that the medical building would have only one subsurface level of parking (61 fewer spaces than the project). The reduced parking capacity at the medical building would shift vehicles into the Pine St. Garage, which would still have the two level addition. The project demand for parking would be the same as the project; the surplus of parking spaces during peak demand would be 16 instead of 77 as with the project. While this would alter traffic impacts in two intersections in the project vicinity, the level of service in the intersections would not change. The environmental impacts of Alternative B.1 would be similar to those of the project.

B.2 REDUCED PARKING IN GARAGE ADDITION

This alternative would be the same as the project except that the Pine St. garage would have one level plus rooftop parking added to the existing structure. The reduced parking capacity in the garage would shift vehicles into the medical building garage although the project parking demand would be the same as the project. The parking surplus during the peak demand would be 11 spaces. Environmental impacts of Alternatives B.2 would be similar to those of the project.

C. INCREASED PARKING IN PROPOSED MEDICAL BUILDING

This alternative would be the same as the project except that an additional level of subsurface parking would be constructed in the medical building. Project parking demand would be the same as the project; during peak parking demand, a surplus of 126 spaces would exist. Project impacts would be similar to those of the project; construction

impacts would be greater than the project's impacts since a longer construction period would be required, and potential impacts on cultural resources would be greater, due to excavation for the additional subsurface parking level.

D.1 REDUCED HEIGHT MEDICAL BUILDING AND REQUIRED PARKING ON-SITE

Alternative D.1 would be a project where the building height, building floor area, and number of parking spaces would be less than the proposed project. The medical building with this alternative would be 67 ft. tall (five stories and a 16 ft. mechanical penthouse). This alternative's medical building would contain 47,180 sq. ft. of office, lab/therapy clinic and retail space, and 29,535 sq. ft. of parking (166-parking spaces on three levels). The proposed addition to the Pine St. garage would not be constructed. The parking demand would be 160 spaces, 30 less than the project. During peak parking demand, a deficit of 49 spaces would exist. Impacts associated with this alternative would be proportionately less than the proposed project; construction impacts would be of shorter duration than the project because a smaller medical building would be constructed. Potential impacts on cultural resources would be greater, due to excavation for the additional subsurface parking level.

D.2 REDUCED MEDICAL SPACE AND INCREASED PARKING

Alternative D.2 would be a project where the floor area for medical office and laboratory/therapy clinic space would be 13,980 sq. ft. less than the proposed project. The retail space would be 3,535 sq. ft. more. Under this alternative, a two-level addition would be constructed on top of the Pine St. garage, as with the project. The parking demand would be 180 spaces; during peak demand, a surplus of 136 spaces would exist. Impacts associated with this alternative would be similar to those of the project; construction impact levels would be of shorter duration than the project since less space would be built. Potential impacts on cultural resources would be greater, due to excavation for the additional subsurface parking level.

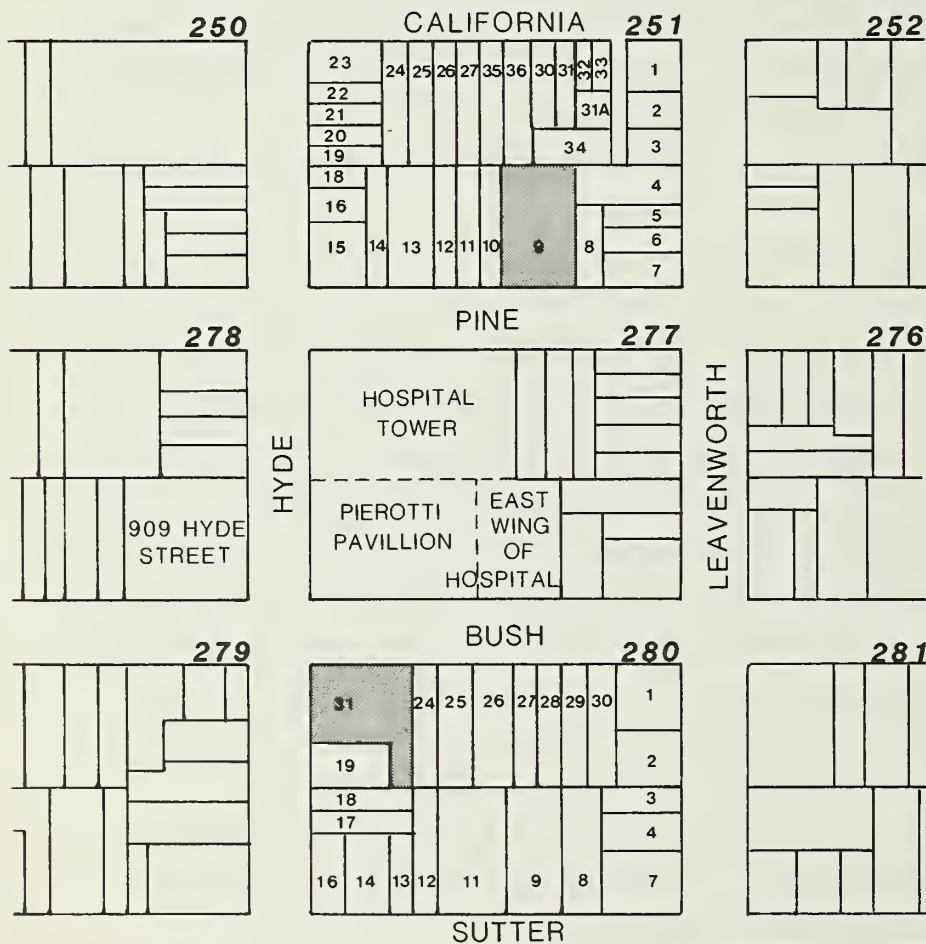
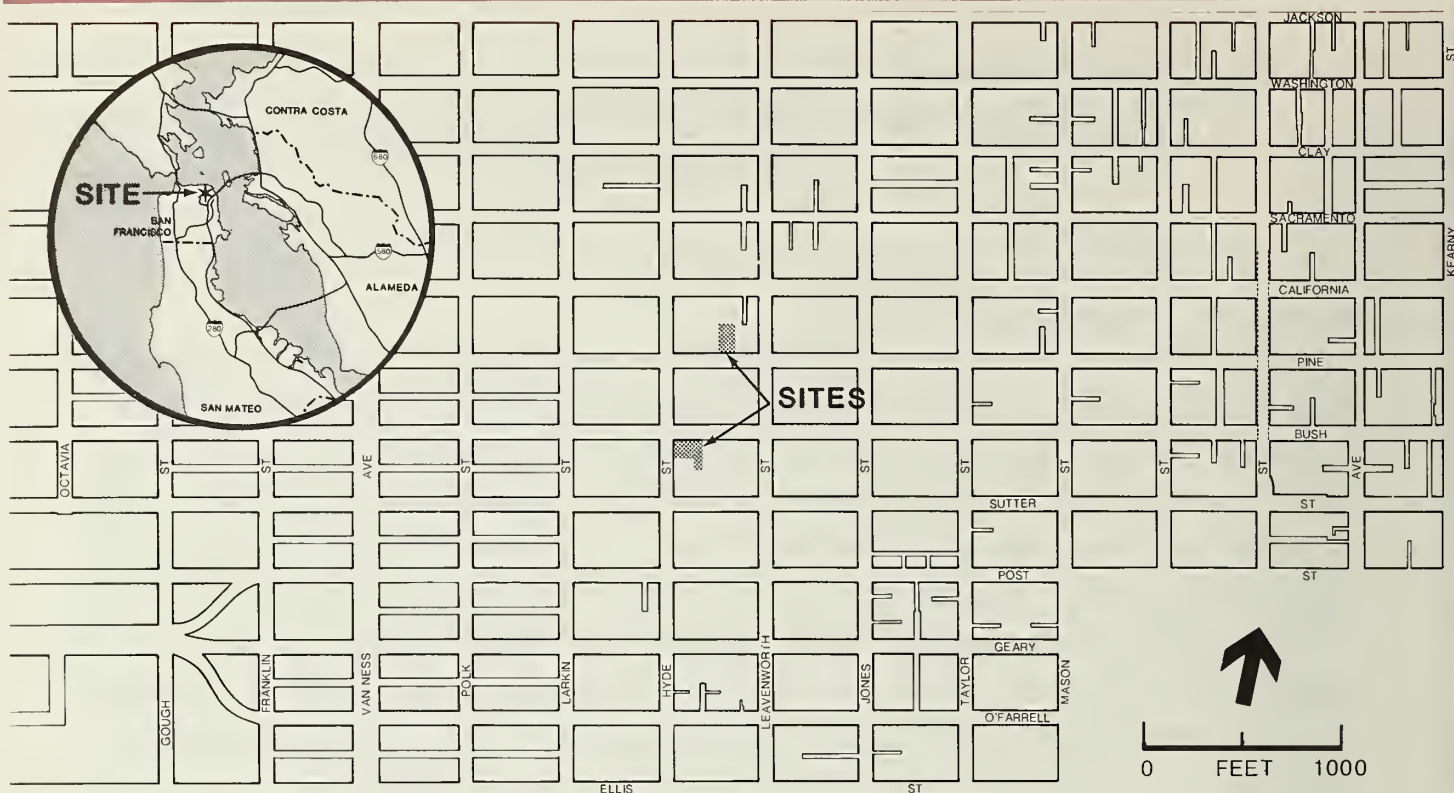
II. PROJECT DESCRIPTION

A. PROJECT SPONSOR'S OBJECTIVES

Saint Francis Memorial Hospital Corporation proposes to construct a six-story medical building with ground floor retail at the intersection of Bush and Hyde Sts., located across Bush St. south of the existing Saint Francis Memorial Hospital; and a two-level addition to an existing parking garage, located on Pine St. north of the existing Hospital. The project sponsor's objective is to provide sufficient health care facilities (in particular, outpatient medical office space) to meet the increasing medical demands of the Saint Francis Memorial Hospital service community. (There is currently no available medical office space at the Saint Francis Hospital medical office building. The hospital has several in-patient programs pending, which would require moving existing outpatient therapy programs currently housed in unused in-patient rooms in the main hospital. An additional objective is to meet present and anticipate future parking needs by increasing off-street parking supply, thereby reducing on-street parking problems in the area.

B. PROJECT LOCATION

The proposed medical building would be located at the southeastern corner of the intersection of Bush and Hyde Sts. (1199 Bush St.), on Lot 31 of Assessor's Block 280; the proposed parking garage addition would be located at 1234 Pine St., between Hyde and Leavenworth Sts., on Lot 9 of Assessor's Block 251, in the City and County of San Francisco. The medical building site slopes downward from the northern edge to the southern edge of the property. The Pine St. garage site slopes from the southwestern corner upward to the northeastern corner of the property. Both project sites are near the existing Saint Francis Memorial Hospital (see Figure 1, p. 12) and are between the Nob Hill and Polk Gulch neighborhoods. The Hospital provides acute and short-term hospital services with a staff of more than 600 physicians representing all major medical specialties. Medical facilities in the vicinity of the project sites which are operated by the Hospital include the Hospital tower, Pierotti Pavilion, the east wing of the Hospital and the 909 Hyde St. medical building (see Figure 1, p. 12).



LEGEND



PROJECT SITES

-Medical Office Building

AB Block 280, Lot 31

-Parking Garage

AB Block 251, Lot 9



FIGURE 1
PROJECT LOCATIONS

The 11,100-sq.-ft. medical building site is rectangular, with a narrow extension at the southwestern corner of the lot. The medical building site has frontages of approximately 87 ft. on Hyde St. and approximately 112 ft. on Bush St., and currently contains a surface parking lot with 55 valet spaces which would be replaced by the proposed medical building.

- The 11,600- sq.-ft. parking garage addition site is rectangular, with a frontage of approximately 84 ft. on Pine St. The site currently contains a 23,200 gross sq. ft. parking garage with 150 parking spaces on two levels, which would be retained. The two sites are in an RC-4 (Residential Commercial Combined, High Density) District. The medical building site is in an 80-A Height and Bulk District, where the maximum allowable height is 96 ft., including an optional mechanical penthouse level of up to 16 ft. in height. The parking garage addition site is within a 65-A Height and Bulk District, in which the maximum allowable height is 65 ft.

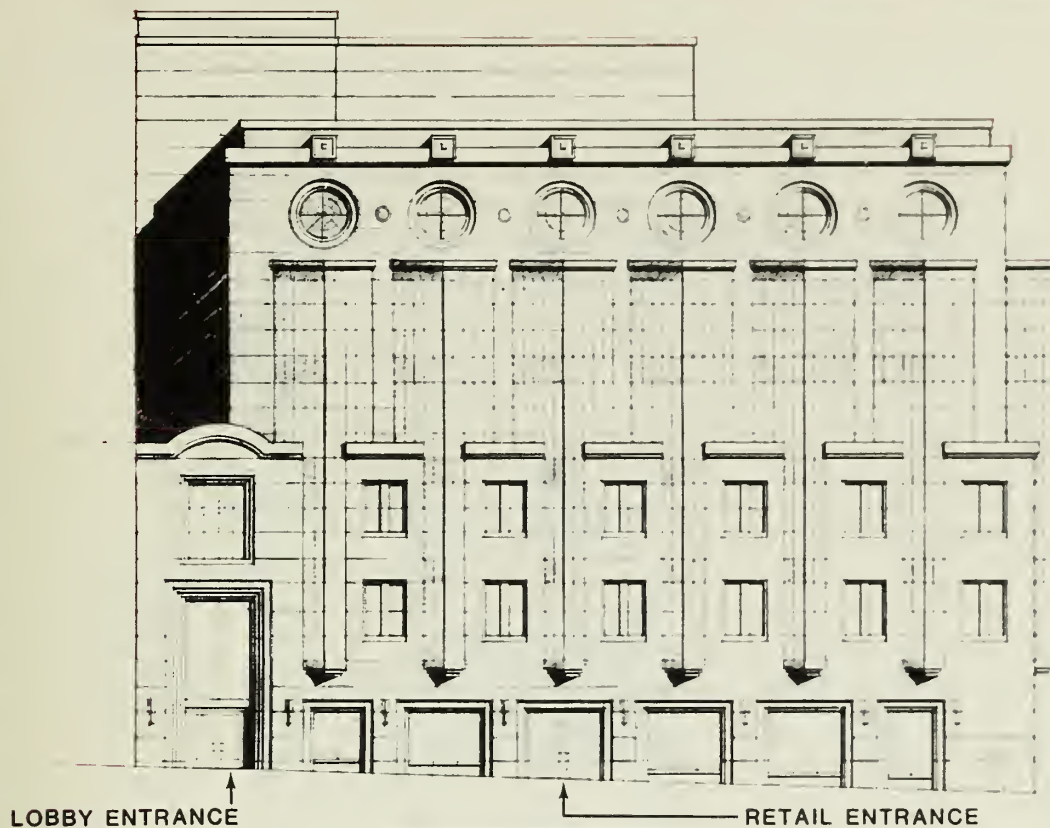
C. PROJECT CHARACTERISTICS

Project characteristics are summarized in Table 1, p. 18-19. The medical building would be a six-story, 96-ft. tall office tower building (see Figures 2 and 3, pp. 14 and 15) with three subsurface levels, including two levels of subsurface valet parking space and a mechanical penthouse level. A garden level, which would be below grade on the northern portion of the site, would contain laboratory and therapy clinic space and access to the

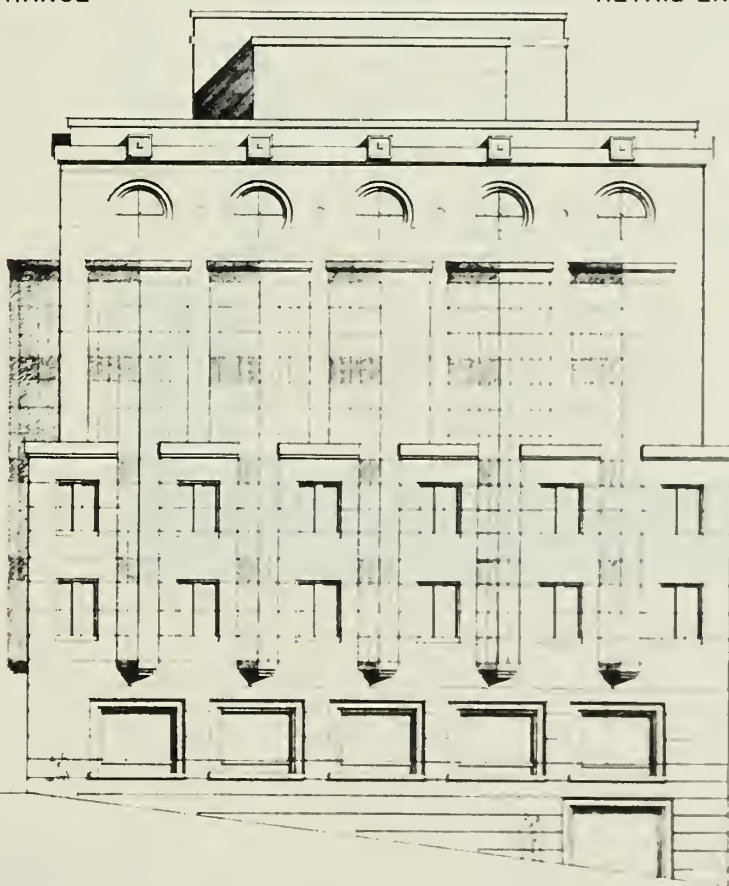
- proposed garden. The outdoor garden (about 1,250 sq. ft.) would be on the southern portion of the medical building site (see Figure 4, p.16). The first floor would contain the entrance lobby, neighborhood-oriented retail space, and laboratory and therapy clinic space (see Figure 5, p. 17); the second through sixth floors would each contain medical office space. The office and above-grade laboratory and therapy clinic space portion of the building would be on floors one through six extending to about 80 ft. tall, excluding the rooftop mechanical penthouse, which would be about 16 ft. tall at the highest point.

The proposed medical building would contain 46,645 gross sq. ft. of office space; 14,830 gross sq. ft. of laboratory and therapy clinic space; 1,900 gross sq. ft. of retail space; and 19,690 gross square feet of parking and loading (117 valet parking and two van-loading

spaces). The basic Floor Area Ratio (FAR), the ratio of building area to site size, of the project would be 5.7:1 (excluding mechanical and storage space, lobby area, parking and loading). Adding a corner lot premium (Section 125(a) of the City Planning Code) to the FAR calculation, the FAR of the medical building, 4.6:1, would be below the maximum permitted for the project site, which is 4.8:1. The medical building would remove 55 parking spaces on the existing surface lot.



BUSH STREET
ELEVATION

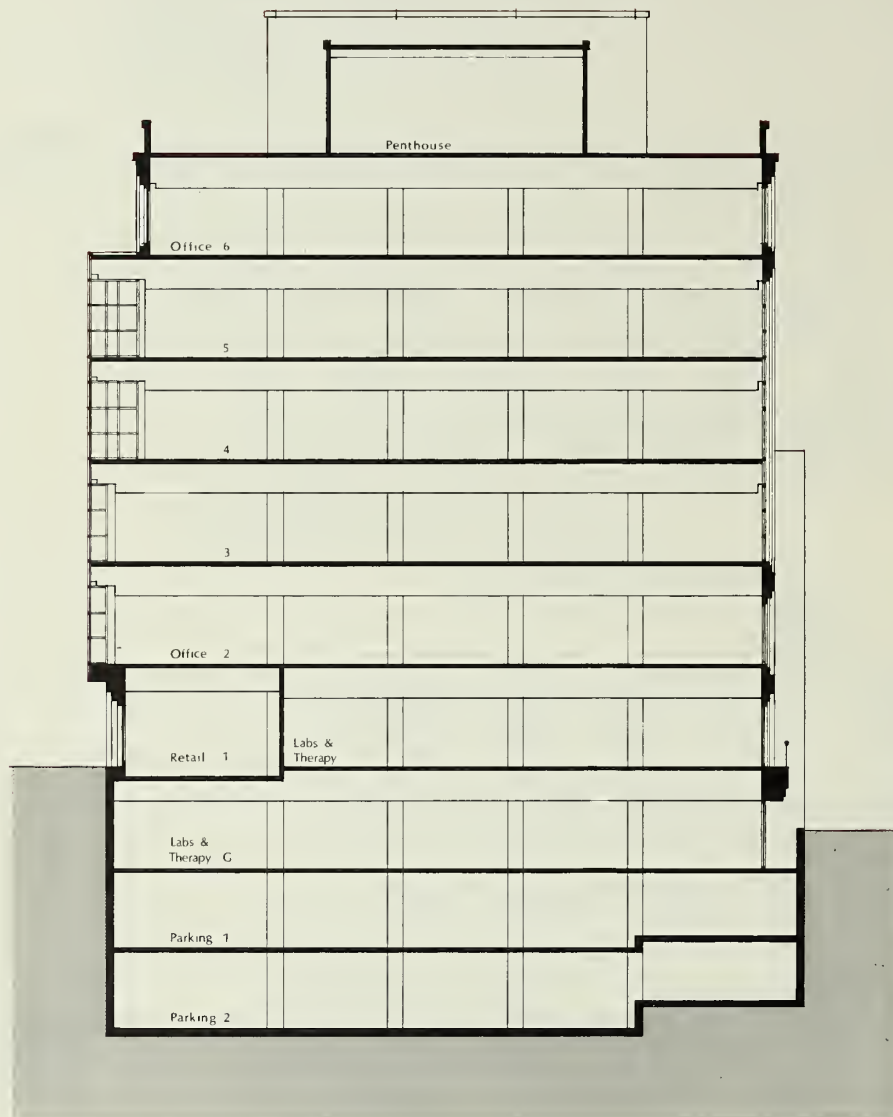


HYDE STREET
ELEVATION

0 FEET 30

FIGURE 2
BUSH STREET AND
HYDE STREET ELEVATIONS
MEDICAL OFFICE BUILDING

SOURCE: Heller and Leake, Architects



NORTH - SOUTH

0 FEET 30

SOURCE: Heller and Leake, Architects

FIGURE 3
BUILDING SECTION
MEDICAL OFFICE BUILDING

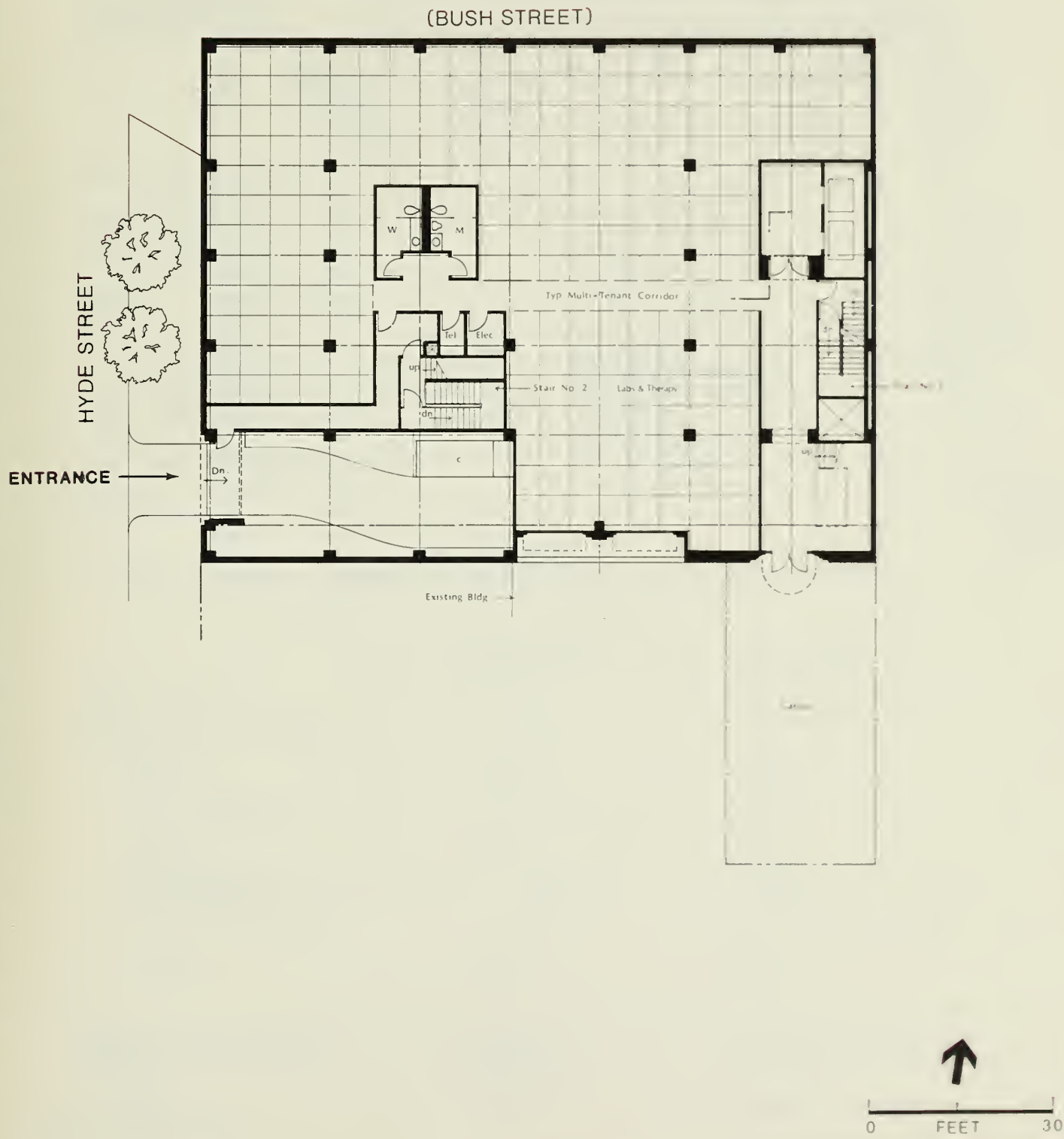


FIGURE 4
GARDEN-LEVEL FLOOR PLAN
MEDICAL OFFICE BUILDING

SOURCE: Heller and Leake, Architects, San Francisco

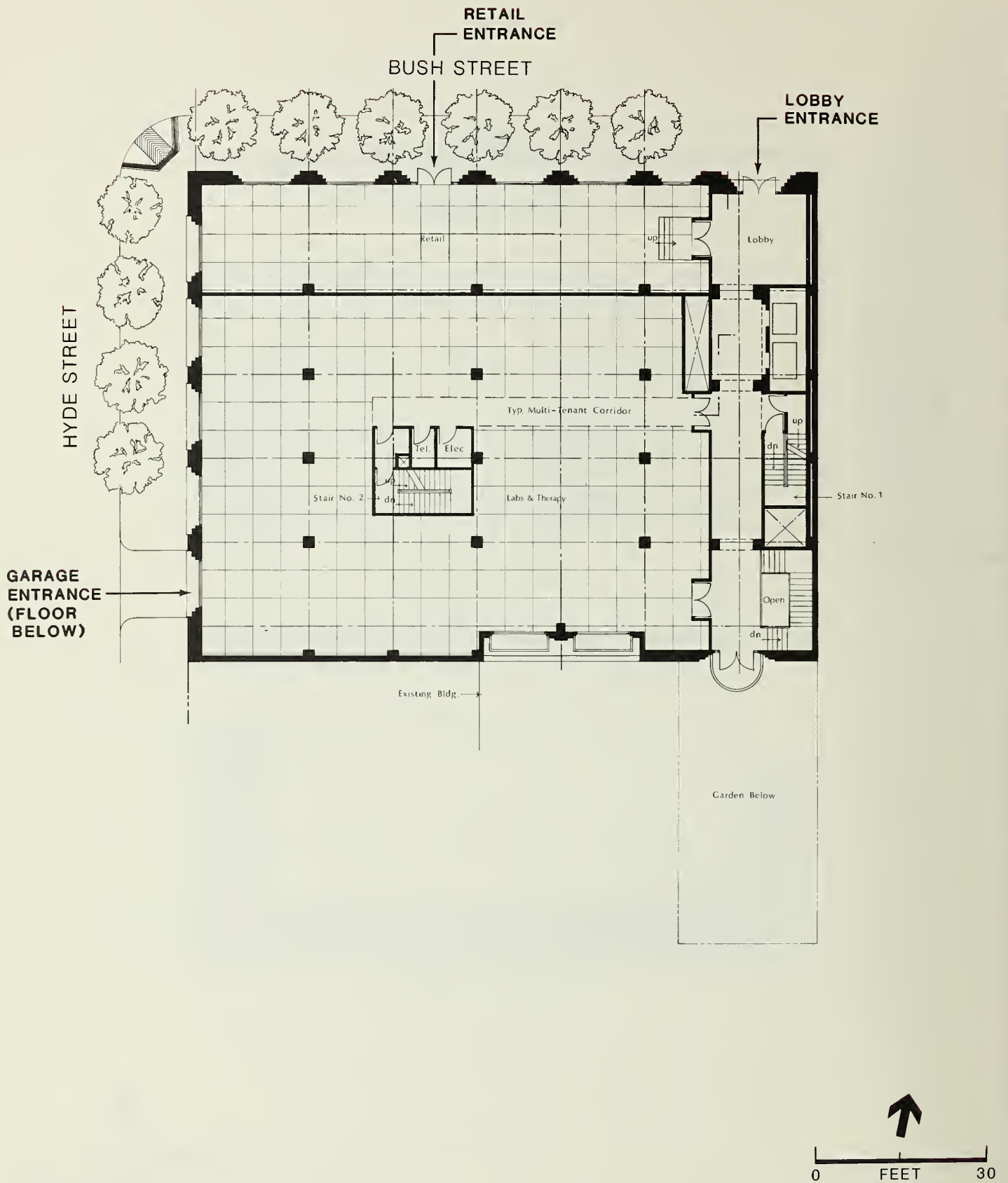


FIGURE 5
LOBBY FLOOR PLAN
MEDICAL OFFICE BUILDING

SOURCE: Heller and Leake, Architects

TABLE 1: PROJECT CHARACTERISTICS

Number of Floors of New Construction			Height and Bulk Measurements (Ft.) and FAR		
	Medical Office Building	Parking Garage Addition		Medical Office Building	Parking Garage Addition
Above Grade					
Retail/Lobby		–	Height (allowable)	65 /b/	65
Laboratory/Clinic	1		Height (proposed project)	80 /b/	43
Office	5		Length (allowable)	110	110
Parking	<u>0</u>	<u>2 /a/</u>	Length (proposed project)	108	84 /c/
Total Stories	6	2	Diagonal (allowable)	125	125
			Diagonal (proposed project)	125	86 /c/
			Maximum FAR/d/:	4.8:1	4.8:1
Laboratory	1		FAR (proposed project)/d/:	4.6:1	4.8:1
Parking	<u>2</u>				
Total Floors	<u>3</u>				
Site Size:	11,100 sq. ft.	11,600 sq. ft.			
Floor Area		Area Applicable to FAR	Total Gross Floor Area (gsf)		
Medical Office Building					
Lobby		250		250	
Retail		1,900		1,900	
Laboratory/ Therapy Clinic		14,830		14,830	
Office		46,645		46,645	
Penthouse					
Mechanical		0 /e/		2,600	
Parking and Loading		<u>0 /e/</u>		<u>19,690</u> (119 spaces)/f/	
TOTAL		63,625		85,915	
Parking Garage Addition		32,480 /e/		32,480 (225 spaces)	
Existing Parking Garage		<u>23,200 /e/</u>		<u>23,200</u> (130 spaces)/g/	
TOTAL		55,680 /e/		55,680 (355 spaces)	

TABLE 1: PROJECT CHARACTERISTICS (Continued)

-
- /a/ Excludes rooftop parking
 - /b/ Excludes additional height allowable for mechanical penthouse level.
 - /c/ Bulk dimensions measurements for the parking garage addition are applicable for the portion of the garage addition which would exceed 40 ft. in height above the ground level at the Pine St. frontage of the lot (Section 260 (a)(3) of the Planning Code).
 - /d/ Floor Area Ratio calculations for the proposed MOB include floor area premium for a corner lot allowable under Section 125(a) of the Planning Code.
 - /e/ Under Section 102.8(b) of the Planning Code, gross floor area is defined to exclude mechanical penthouse and accessory off-street parking and loading space. Parking space in the garage addition is subject to the requirements of Sections 159(c) and 209.7(c) as a Conditional Use.
 - /f/ The medical building site currently contains 55 valet spaces; net new parking spaces on the site would be 62 plus two van-loading spaces.
 - /g/ Addition of the new levels to the parking garage would result in a loss of 20 spaces in the existing levels due to a new ramp at the third level. The two lower levels would contain 130 spaces after the project is built instead of the existing 150 spaces.

SOURCE: Environmental Science Associates Inc., and Heller and Leake, Architects.

The entrance lobby to the medical building would be located on the ground floor of the building and would be accessible from Bush St. Access to the ground-floor retail space would be from the main entrance lobby and from a separate entrance on Bush St. The entrance and exits to two subsurface parking levels (including two van-loading spaces) would be from Hyde St. There would be space for a queue of about five or six cars on the ramp inside the buildings garage. The Garden Level would provide access to the proposed landscaped garden, which would be located in the rear yard of the medical building, in the southeastern extension of the site. This garden would be publicly accessible. If the Hospital can reach an agreement with the owners of the residential building adjacent to the medical building site on the south, the garden could be expanded to provide a larger public open space.

The medical building would be built to lot lines at the base, except on the southeastern portion of the site, which would contain the proposed landscaped garden. The base, would

contain the ground level, second, and third floors, above which the building would be set back from lot lines. Upper floor setbacks would be about five ft. from the southern lot line, about four ft. from the western and northern lot lines, and about 14 ft. from the eastern lot line (except for the elevator and stairwell shaft space which abuts the eastern

lot line). Bay windows on the northern and western face of the building would extend past the lot lines.

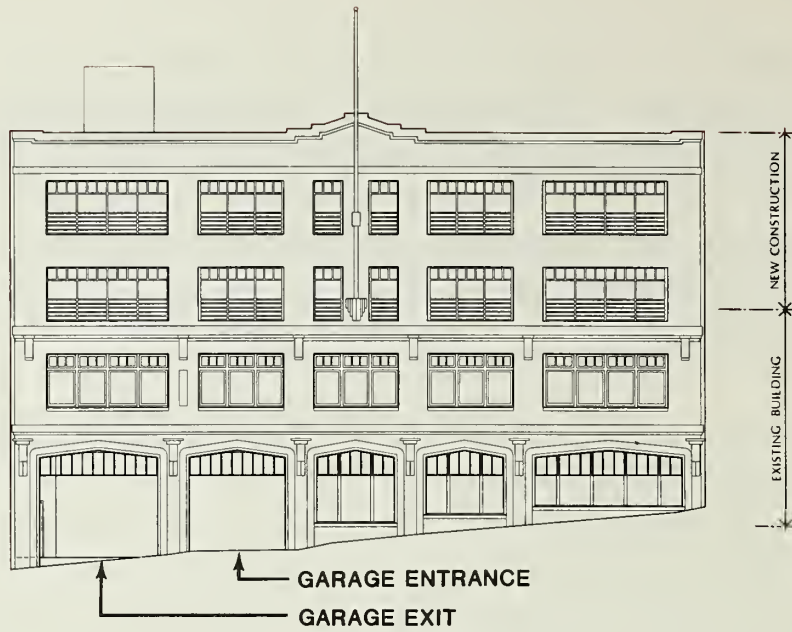
The exterior of the medical building would have stone detailing around inset clear glass windows; a double-height recessed main entrance, and light-colored stone base materials would emphasize the retail use on the ground floor, and would provide a pedestrian scale to the building base (see Figure 2, p. 14). The exterior materials of upper floors would feature red brick veneer and clear glass vertical bays .

The 18-ft.-tall parking garage addition would contain 32,480 gross sq. ft. of parking space (225 valet spaces) on three levels; these three levels, consisting of a third and fourth level plus a rooftop level, would be added to the existing two level parking garage. The existing 25-ft.-tall garage contains 23,200 gross sq. ft. of parking space (150 self parking spaces). Construction of the project addition would require that the first two existing levels of the garage be reduced to 130 spaces, due to the addition of a parking ramp to the third story and the rerouting of the circulation. The total number of spaces would be 355 (all valet parking) on five levels for a total height of 43 ft., as measured at the mid-point on the Pine St. frontage of the garage (see Figure 6, p. 21).

- The third and fourth floor additions to the existing parking structure would each contain 66 parking spaces; the rooftop would contain 93 parking spaces (see Figure 7, p. 22). The entrance and exit ramps to the garage (including the addition) would be separated and would be located on Pine St. at the east end of the site. The existing ramp would be reversed to improve circulation and access, and to provide space for a queue of about five or six cars inside the building and internal stacking space. The parking garage addition would, as is the existing parking garage, be built to lot lines on all floors. The basic FAR of the garage with the addition would be 4.8:1, which is the allowable FAR for the lot.
- The exterior of the parking garage addition would incorporate design features and materials comparable to those of the existing parking garage, such as inset frame windows and light-colored cement plaster; the addition would also feature a stone cornice and metal flagpole at the rooftop level. The corners of the Parking Garage Addition would be "notched" or cut away at that part of the facade adjacent to the cornice on the adjacent

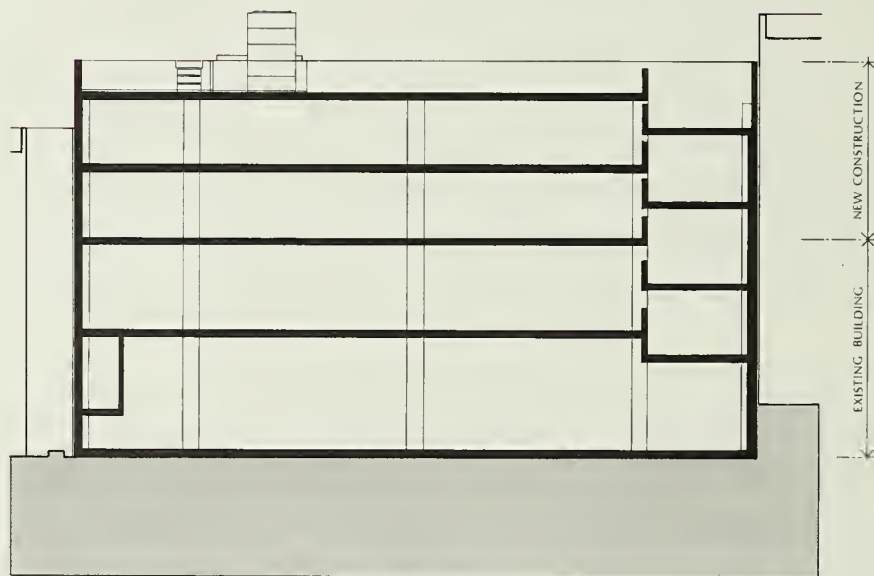
1250 Pine St. building, in an attempt to maintain the integrity and symmetry of the adjacent buildings cornice. The extension of the 1250 Pine St. building's cornice beyond the property line would be retained and coordinated with the design of the garage addition

The total parking and van-loading floor area proposed for the project, with the existing and added garage space and proposed parking and van-loading space in the medical building, would be 75,370 gross sq. ft., all valet parking.



GARAGE ENTRANCE
GARAGE EXIT

ELEVATION



SECTION
(WEST-EAST)

0 FEET 30

● FIGURE 6
PARKING GARAGE ADDITION
PINE STREET ELEVATION
AND BUILDING SECTION

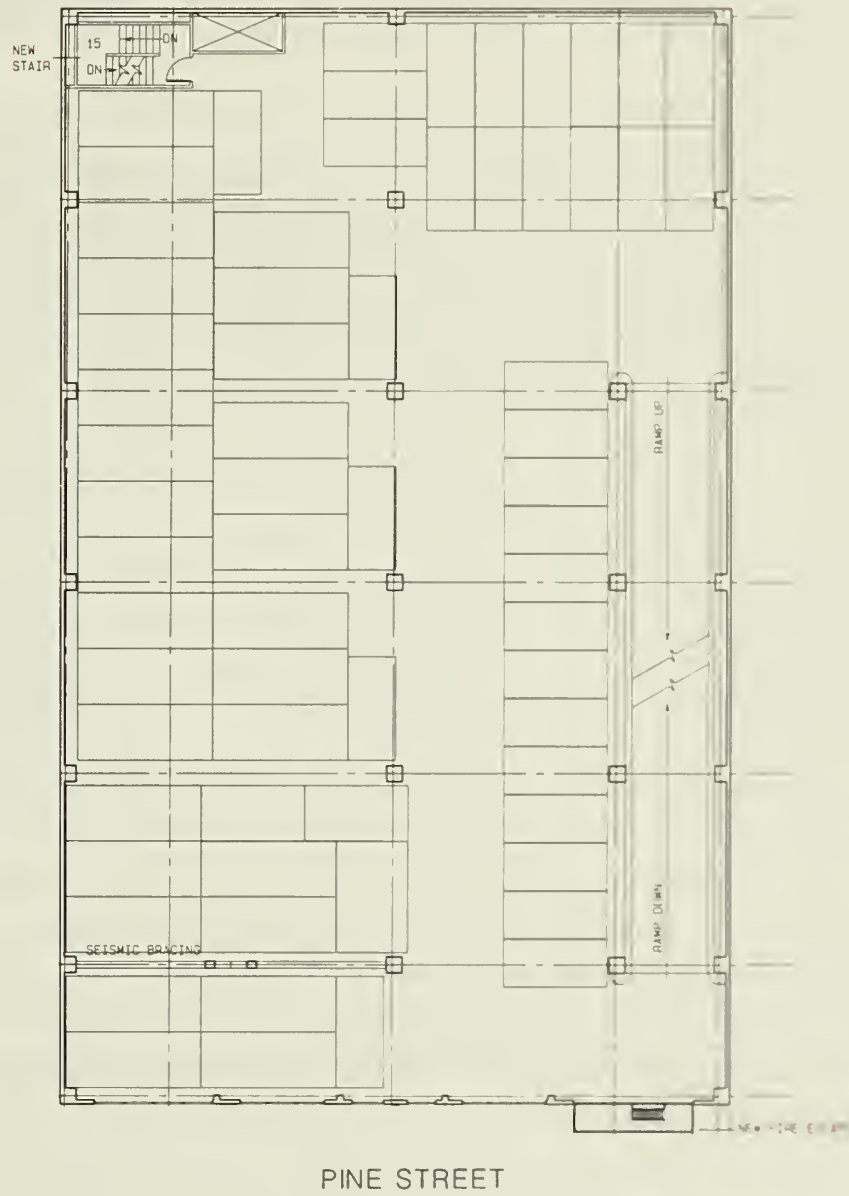


FIGURE 7
TYPICAL FLOOR PLAN
PARKING GARAGE ADDITION

SOURCE: Heller and Leake, Architects

There would be a total of 17 bicycle storage spaces in the medical building and Pine St. Garage ; exact location of the spaces has not been determined.

D. PROJECT SCHEDULE, COST AND APPROVAL REQUIREMENTS

PROJECT SCHEDULE

The project sponsor expects environmental review, project review, and detailed design to be completed in early 1987. After approval and issuance of permits, site preparation and construction and finishing would take about 16 months for the medical building and about five months for the parking garage addition (exterior and interior finishing activities would be concurrent). The duration of each activity would be as follows/1/:

	<u>Medical Building</u>	<u>Parking Garage Addition</u>
Site Clearance	1 week	none
Excavation	12 weeks	none
Foundation Preparation	10 weeks	8 weeks
Steel Erection	12 weeks	2 weeks
Exterior Finishing	30 weeks	6 weeks
Interior Finishing	36 weeks	4 weeks

Initial occupancy would occur about 70 weeks after the start of site clearance for the medical building; and about 20 weeks after the start of construction for the parking garage addition. Construction of the garage addition would begin about six months before the construction of medical building. Therefore, all levels of the addition and the two existing levels of the garage would be completed and occupied, prior to the start of construction for the medical building. Construction of the garage addition would be phased such that the two existing levels would be open prior to construction of the levels added./2/

COST

Estimated construction cost of the project would be about \$6.3 million (1986 dollars), including site clearance, excavation, and construction of the building shell of the medical building, and building shell and interior improvements of the parking garage addition./1/ Ground-floor retail space in the medical building is expected to rent for approximately

\$24 per sq. ft. per year. Medical office, laboratory, and therapy clinic space in the medical building is expected to rent for approximately \$22 per sq. ft. per year. The total project cost would be about \$9.4 million (1986 dollars), including interior improvement to the doctors' offices./1/

APPROVAL REQUIREMENTS

Following a public hearing before the City Planning Commission on the Draft EIR (Environmental Impact Report), responses to all written and oral comments received during the Draft EIR public review period will be prepared. The EIR will be revised as appropriate, and presented to the City Planning Commission for certification. No permits may be issued before the Final EIR is certified. The proposed project would require Conditional Use authorization from the City Planning Commission, under Section 303 of the Planning Code, for the following: the height of the medical building and parking garage addition, which would exceed 40 ft. in an R-District (Section 253(a)); a medical institution in an RC-4 District (Section 209.3(a)); not providing all required parking on-site but within 800 ft. (Section 159(c)); for providing more than 150% of the required number of spaces (Sections 204.5(c) and 157); and for off-street parking not meeting requirements for accessory parking, in an RC-4 District (Section 209.7(c)). The project sponsor would, after City Planning Commission approval, obtain a demolition permit from the Central Permit Bureau of the Department of Public Works to remove the asphalt and ticket booth at the medical building site, followed by a building permit and permits administratively approved for compliance with fire, electrical, building and other pertinent City codes.

- On November 14, 1986 the voters of San Francisco passed Proposition M, the Accountable Planning Initiative. It amends Section 320(g)(1) of the City Planning Code to lower the threshold for office projects subject to the annual limit from 50,000 gsf to 25,000 gsf of additional office space. Since the proposed project would add 46,645 gsf of new medical office space, it is now subject to the provisions of Sections 320 - 325 as amended by Proposition M. Proposition M also adds Section 321.1 to the City Planning Code, and reduces the approval period from three years to one year; and changes the limitation amount from 2.85 million sq. ft. of office space over three years to 950,000 gsf in each one-year period. Section 321.1 requires the adjustment of the 950,000 square foot annual

limit by limiting new office space approvals to 475,000 sq. ft. annually until the total amount of space approved since November 29, 1984, is reduced to zero in annual increments of 475,000 sq. ft. Up to 950,000 gsf may be approved during the approval period ending October 1987, because no projects were approved under the Office Limitation Program during the first year period ending October 17, 1986.

Proposition M also requires that in each approval period at least 75,000 gsf of office space be reserved for buildings containing between 25,000 gsf and 49,999 gsf of office space. The proposed project would be eligible for the small building competition.

Proposition M also establishes eight Priority Policies. These policies are: preservation and enhancement of neighborhood-serving retail uses; protection of neighborhood character; preservation and enhancement of affordable housing; discouragement of commuter automobiles; protection of industrial and service land uses from commercial office development and enhancement of resident employment and business ownership; earthquake preparedness; landmark and historic building preservation; and protection of open space. Prior to issuing a permit for any project which requires an Initial Study under CEQA or adopting any zoning ordinance or development agreement, the City is required to find that the proposed project or legislation is consistent with the Priority policies. The City Planning Commission, in its decision regarding the proposed project approval or disapproval, would make a determination of the project's conformance with the Priority Policies.

NOTE - Project Description

/1/ Robert Baum, Project Architect, Heller and Leake, letter, November 22, 1985, letter, December 10, 1985, and telephone conversation, October 1, 1986.

/2/ Lois Haggerty, Director of Planning, Saint Francis Hospital, telephone conversation September 22, 1986.

III. ENVIRONMENTAL SETTING

A. LAND USE AND ZONING

LAND USE

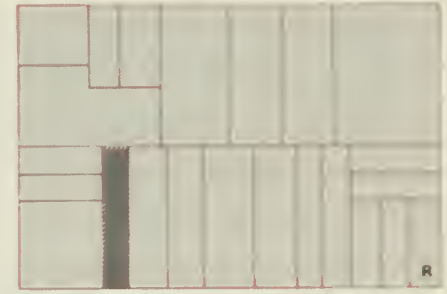
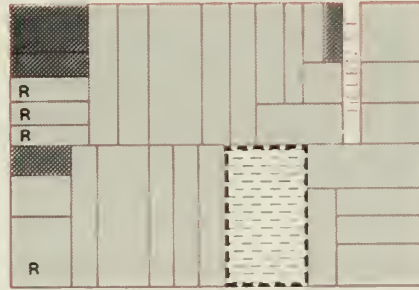
Land uses in the project vicinity are shown in Figure 8, p. 26. The project area, located between the Polk Gulch and Nob Hill neighborhoods, is characterized predominantly by residential apartment uses. Residential buildings south and east of the medical building site, are predominantly four to five stories adjacent to the site, and are larger, generally four to ten stories, on the southern half of the site block and on blocks to the south. Retail uses are located on the ground floor of some of the residential buildings, particularly in those located at street intersections and on Sutter St. Non-residential uses in the vicinity of the medical building site include the Unification Church at 1153 Bush St., and a two-story medical office building at 1145 Bush St., both located on the medical building site block. Across Bush St. is the existing Saint Francis Memorial Hospital building. The medical building site was occupied by the Central Medical Building between the 1920s and the 1960s. In 1911, the Saint Francis Medical office building at 909 Hyde St. was constructed on the northwest corner of Hyde and Bush Sts.

As part of its 1985 Master Plan (see discussion on p. 49), the Hospital is constructing an additional level to the Pierotti Pavilion across Bush St. opposite the medical building site. Approval was previously obtained (CU 76.9) for the addition of four levels to the Pavillion. The new floor will add 24,000 sq. ft. to the existing one-level plus basement building. The additional floor area will expand services presently housed in the Hospital tower (sports medicine and ambulatory surgery) and in the Pavilion (mainly outpatient services and conference facilities). Construction began in September 1986.

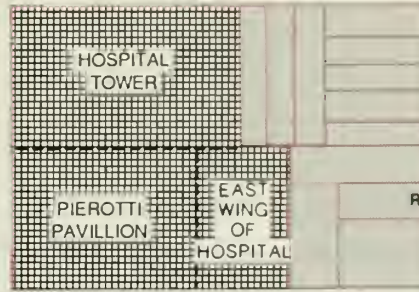
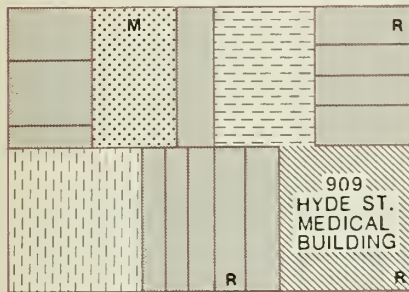
- The existing parking garage at the garage addition site was constructed in 1920 as the 83-space Highway Garage. Residential apartment buildings of generally three to four

stories in height are the predominant use on blocks north and east of the parking garage addition site. Retail uses are less numerous than on blocks to the south and west, and consist primarily of neighborhood-oriented retail establishments at or near corner locations on California St. and Hyde St.

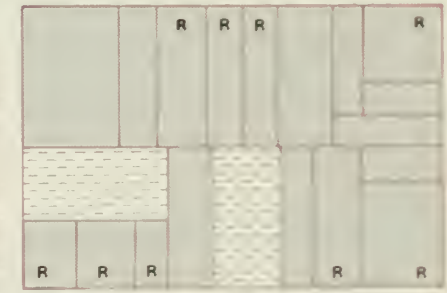
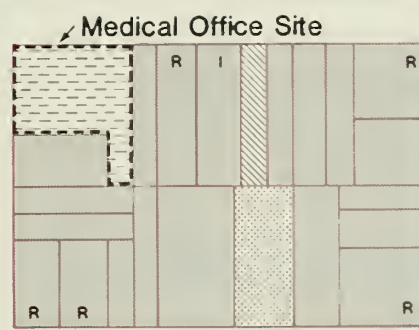
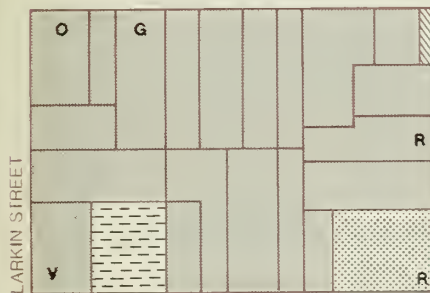
CALIFORNIA STREET



PINE STREET



BUSH STREET



LARKIN STREET

HYDE STREET

LEVENTH STREET

SUTTER STREET

LEGEND

- RESIDENTIAL APARTMENT
- RESIDENTIAL HOTEL
- CONVELESCENT RESIDENTIAL
- MEDICAL (SAINT FRANCIS MEMORIAL HOSPITAL)
- MEDICAL OFFICE
- RETAIL/RESTAURANT/BAR
- PARKING
- SERVICE GARAGE

GROUND FLOOR USE IF DIFFERENT FROM UPPER FLOOR USE

- I INSTITUTION
- M MEDICAL
- R RETAIL/RESTAURANT/BAR
- G SERVICE GARAGE
- V VACANT
- O OFFICE



FIGURE 8

LAND USE IN PROJECT VICINITY

SOURCE: ESA

West of both of the project sites, uses are more varied. Three- to seven-story residential apartment uses are predominant, but larger retail establishments, such as Cala Foods at California and Hyde Sts., automobile service and parking garages, and medical office uses at 909 Hyde St. (associated with the Hospital), are interspersed among residential uses.

Two blocks west of the project sites is the Polk St. commercial area, which is an active retail corridor with residential hotels and apartment buildings above ground-floor retail establishments.

ZONING

The project blocks are in an RC-4 (Residential-Commercial Combined, High Density) Use District (see Figure 9, p. 28); principal uses permitted in this district are residential buildings containing two or more dwelling units, and retail establishments located on the ground-floor of buildings which primarily contain other uses. Uses permitted in an RC-4 District with Conditional Use authorization include hospitals and medical centers, medical offices, residential care facilities for more than seven persons, educational institutions, and off-street parking facilities.

- The basic allowable Floor Area Ratio in this District is 4.8:1. The medical building site is within an 80-A Height and Bulk District (see Figure 10, p. 29), in which the allowable height is 96 ft., including an optional mechanical penthouse level of up to 16 ft. in height. The parking garage addition site is within a 65-A Height and Bulk District, in which the maximum allowable height is 65 ft. However, Conditional Use authorization is required for any building height which exceeds 40 ft. in an RC-4 District, regardless of the maximum height allowable in the District. In an "A" Bulk district, the maximum allowable length and maximum allowable diagonal dimensions are 110 ft. and 125 ft., respectively, for the portion of a building above 40 ft. in height. Off-street parking is required for commercial uses in an RC-4 district.

Section 204.5 of the Planning Code establishes the number of parking spaces which are considered an accessory use. These include up to seven percent of total gross floor area or 150 percent of the required number of spaces, where three or more spaces are required.

The area west of the project sites is within the area of the Polk St. Neighborhood Commercial District (NCD) Interim Controls.¹¹ The Interim Controls encourage development which is compatible with the surrounding neighborhood. The Interim

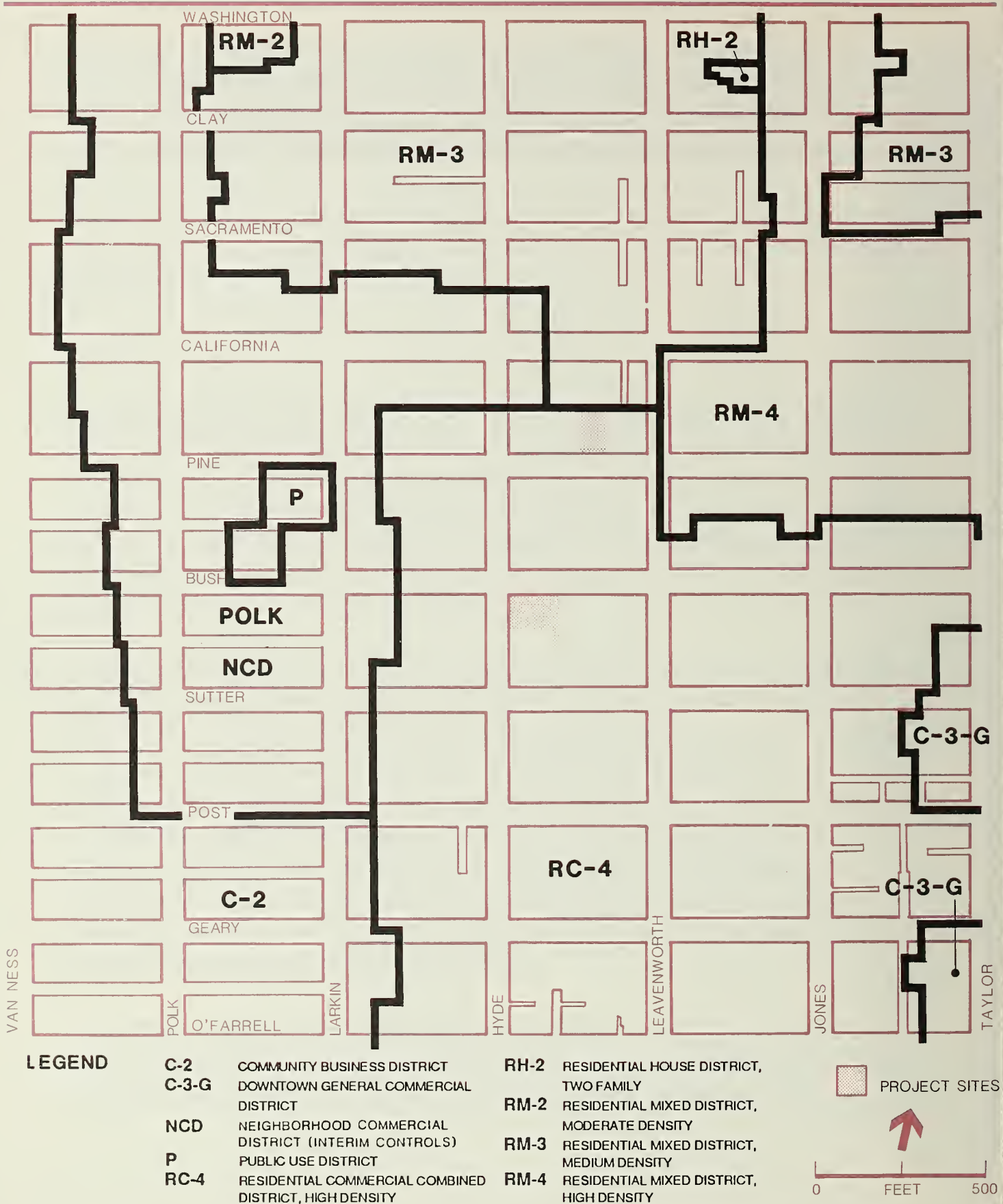


FIGURE 9
PLANNING CODE USE DISTRICTS

SOURCE: CITY PLANNING CODE AND NEIGHBORHOOD COMMERCIAL INTERIM CONTROLS

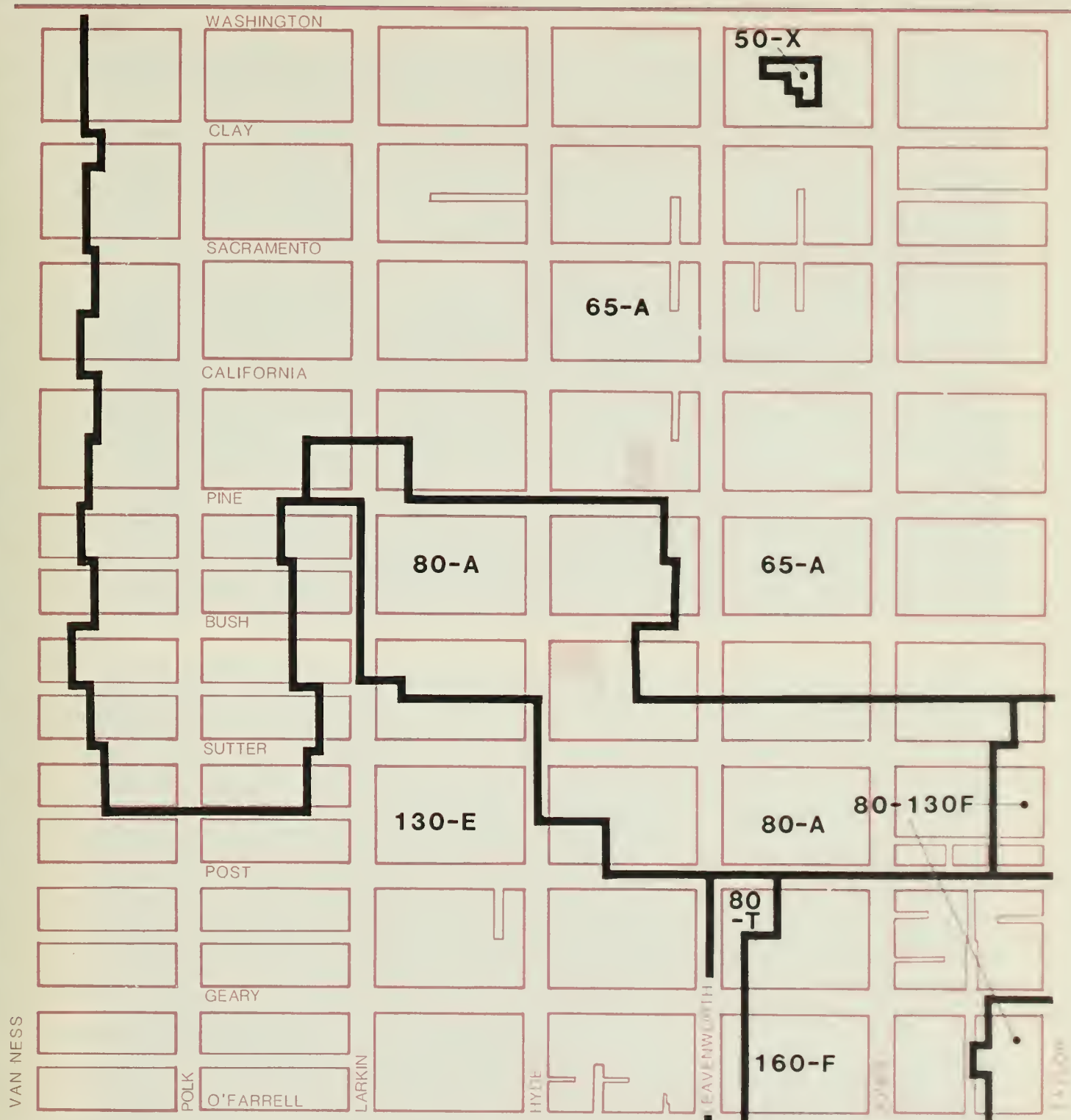


FIGURE 10
HEIGHT AND BULK DISTRICTS

SOURCE: CITY PLANNING CODE AND NOB HILL INTERIM CONTROLS

Controls generally restrict commercial development to the first two above-ground levels of buildings, and limit some types of commercial uses. The controls also require Conditional Use authorization for the demolition or conversion to other uses of existing housing units, and encourage the development of housing above the second story in new development. The eastern boundary of the area subject to interim controls is Larkin St., one block west of the medical building site, and at the intersection of California and Hyde Sts., at the northwest corner of the garage addition site block.

The Department of City Planning recently completed the Draft Rezoning Plan for the Van Ness Corridor area (adjacent to the western boundary of the Polk St. NCD Interim Controls area). The City is currently preparing an EIR on the proposed Van Ness Avenue Plan.

NOTE - Land Use and Zoning

/1/ Neighborhood Commercial Rezoning Study (NCRS) Interim Controls, City Planning Commission Resolution No. 10275, Approved March 28, 1986 Board of Supervisors Resolution No. 522-85, Approved June 20, 1985

B. URBAN DESIGN

ARCHITECTURAL RESOURCES

The medical building site is a surface parking lot, with a ticket booth being the only structure on the site (see Figure 11, p. 31). The garage addition site is occupied entirely by the existing parking garage (see Figure 12, p. 32). The two-level building was constructed in 1920 and features inset frame windows, a simple masonry cornice above the second level and cement plaster exterior facade materials.

The San Francisco Department of City Planning conducted a citywide inventory of architecturally significant buildings in 1976. In the 1976 Department of City Planning Architectural Inventory, approximately ten percent of the City's entire stock of buildings were awarded a rating for architectural merit ranging from a low of "O" to a high of "5". The total number of buildings which were rated from "3" to "5" represent less than two percent of the City's entire building stock.



FIGURE 11
BUSH STREET VIEWS
OF MEDICAL BUILDING SITE

SOURCE: ESA

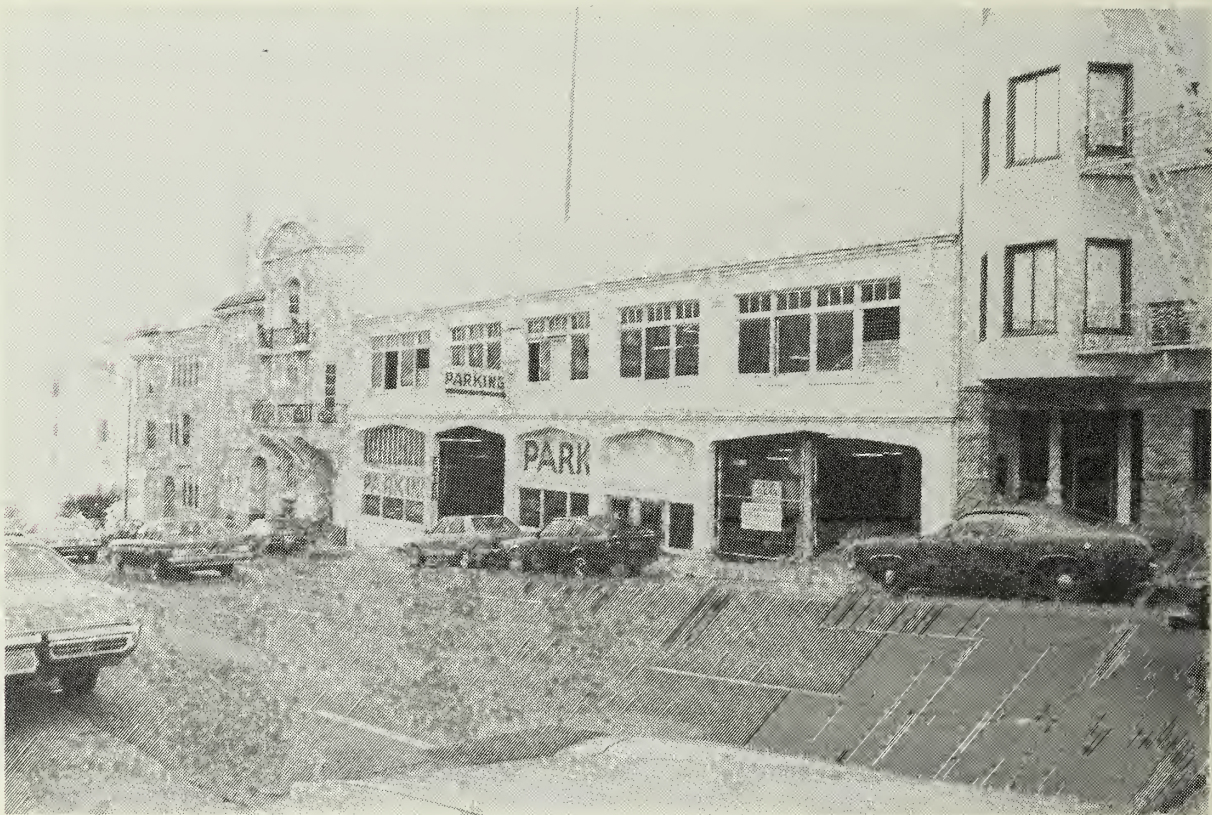


FIGURE 12
PINE STREET VIEWS OF
PARKING GARAGE ADDITION SITE

The project site and surrounding area were not included in the 1979 Foundation for San Francisco Architectural Heritage (Heritage) survey of buildings of architectural and historic merit as that survey encompassed only the Downtown C-3 zoning districts, which currently end at Taylor St.

Under contract with the Department of City Planning, Heritage has recently conducted preliminary ratings of buildings in the South of Market, Tenderloin, and Nob Hill areas. These ratings are under review and subject to approval by the Department of City Planning; they have not been officially adopted. The survey rated buildings from a high of "A" (Highest Importance) to a low of "D" (Minor or No Importance). The criteria used in the evaluation were based on guidelines of the National Trust for Historic Preservation, the National Register of Historic Places, and the State Historic Resources Inventory.

The existing parking garage on the garage addition site was not included in either the 1976 Department of City Planning inventory or the preliminary survey conducted by Heritage in 1983 of the Nob Hill area.

Within the vicinity of each of the project sites, about 50 buildings are rated in the 1976 Department of City Planning Architectural Inventory. Most of the buildings south of Pine St., within the vicinity of each of the project sites, are rated in the 1983 Heritage survey. Figure 13, p. 34, identifies those buildings in the project vicinity included in the Department of City Planning 1976 Architectural Inventory, and the 1983 Preliminary Heritage Survey. For a description of the surveys, and the City Inventory and Heritage rating systems, see Appendix B, pp. A-33 -34.

Of the buildings in the vicinity of the project sites which were included in the 1976 Department of City Planning Architectural Inventory, 31 were rated "1" or "2"; 64 buildings in the vicinity were rated "C" in the preliminary Heritage survey. Two buildings south and east of the project sites are of particular architectural and historic merit: 795 Sutter St. and 1073 Bush St., both rated "A" in the preliminary Heritage survey.

Buildings rated in the 1976 Department of City Planning Inventory but not rated in the Heritage survey include, northeast of medical building site, 1140, 144, 1145, 1163, 1167, 1173-75, and 1179-81 Pine St. all rated "3"; 1250 Pine St., located one block north of the medical building site and immediately west of the parking garage addition site, was rated "4" in that inventory.

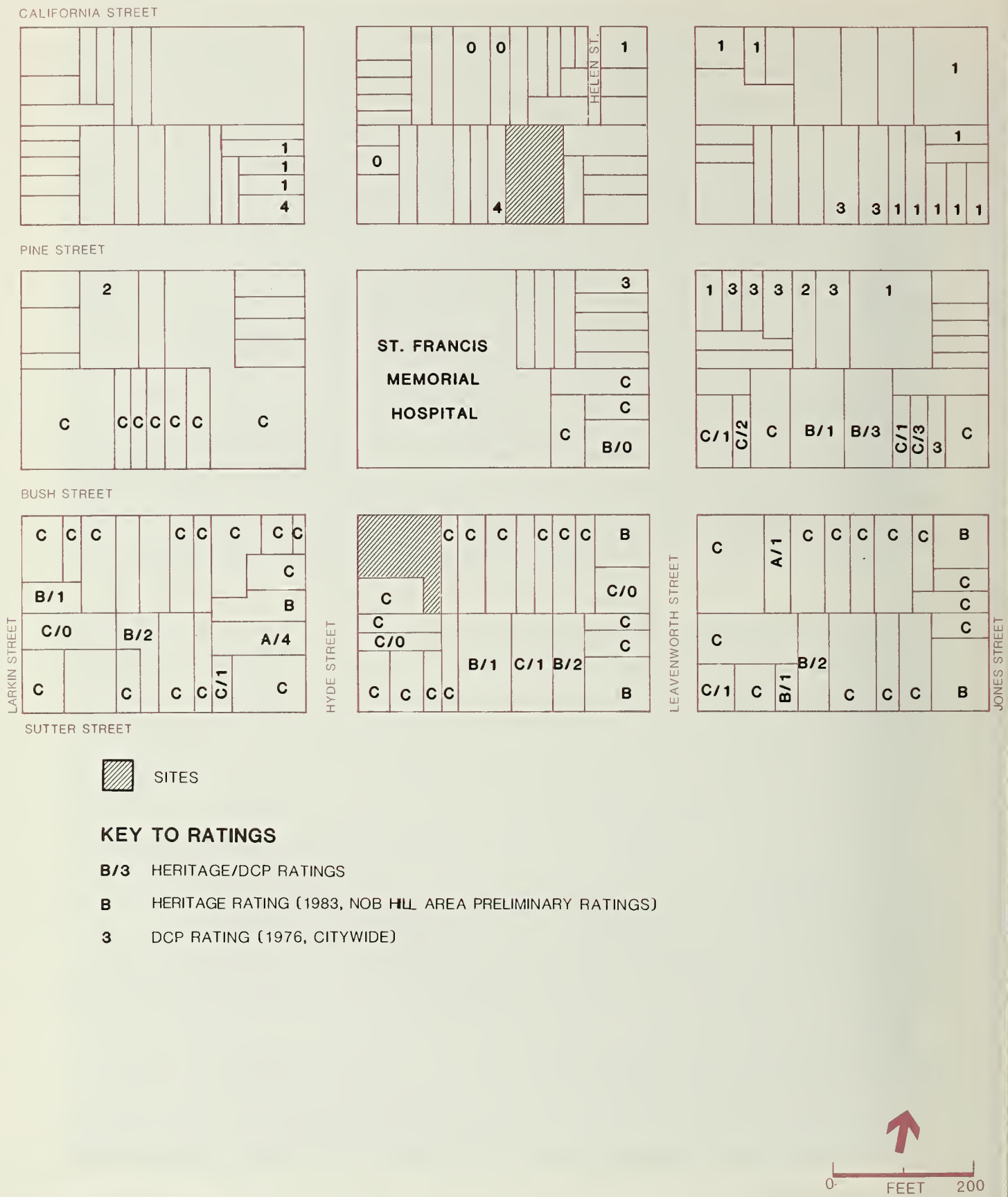


FIGURE 13
ARCHITECTURAL RESOURCES
IN THE PROJECT VICINITY

SOURCE: ESA

- The three-story 1250 Pine St. building is a composite style with influences of Baroque and classical designs. The second and third levels are decorated with curved balconies of black wrought-iron, while the roof line is more traditional with a false hipped roof and supporting brackets between a string course of dentils (block-like projections). The first floor facade and balcony above are of plaster, scored to imitate stone. The arched main entry is to the east. A plaster garland decorates the center of the facade. At the upper levels, angular bays extend over the first floor. A floral pattern detailed in the wrought-iron balcony rails is loosely repeated in the tracery pattern of the arched windows to the front. The sides of the bays contain rectangular sash windows. An arch connecting the bays at the third floor encloses the center to return to a flat facade at the cornice line.

Buildings within the vicinity of the project sites are primarily over 40 years old. Most residential buildings within two blocks south, east, and west of the medical building site typically contain five or more stories, and are of brick and masonry construction. These buildings are rich in architectural detail. Many are of the San Francisco Bay style. Facade design elements of the Ionic and Corinthian orders and the Italianate style give each building a unique appearance./1/ The 930 Sutter St. building is of the San Francisco Bay Style, and features Egyptian style detailing. East of the medical building site is a small-scale building of Federal style design, at 1073 Bush St.

Buildings north of the medical building site and east of the parking garage addition site are generally four to five stories, and incorporate various design elements. A reproduction of Eastern Stick style is apparent in the design of the building at 1111 Pine St., while adjacent buildings at 1145 through 1181 Pine St. form a continuous facade of the San Francisco Bay style. The facade of the building at 1201 Pine St. is of a composite order, incorporating design elements of Mission, Greek, and Corinthian styles./2/ 1005 Hyde St., at the northwest corner of the intersection of Pine and Hyde Sts., is also of the San Francisco Bay style design .

VIEWS

The project sites are not visible from mid-and-long range views, because of topography and intervening structures in the vicinity of the sites. Views from the top of Nob Hill toward the project sites would be blocked by structures on Nob Hill. The sites would be

indistinguishable among the urban background in views from Twin Peaks and Potrero Hill. The project sites are visible from a distance of about one-half block from the sites.

WIND

Winds at the project sites are generally from the west. Windspeeds usually are greatest in the spring and summer, and strongest in the late afternoon./3/ The project sites are sheltered from the winds by existing buildings in the vicinity.

NOTES - Urban Design

/1/ The Ionic order is characterized by columns which have tops (capitals) consisting of large spiral-like scrolls or volutes. The Corinthian order elements include column capitals which show acanthus leaves and slender shafts which are sometimes fluted. The Italianate style is characterized by wide eaves usually supported by large brackets. A central one-bay porch or long porches are also evident in this style.

/2/ The Mission style is that of round arches supported by piers. Color and texture are provided in red-tiled roofs. The Greek style is characterized by the classic Greek temple front with columns and a low pitch pediment. The Corinthian style would include elements of the Corinthian order (see /1/, above).

/3/ Donald Ballanti, Certified Meteorologist, letter report, December 7, 1985. This letter is on file and available for public review at the office of Environmental Review, 450 McAllister St., San Francisco.

C. SHADOWS

Existing structures cast shadows on streets and sidewalks in the project vicinity. Existing and project shadow patterns for various times of the day and year are discussed in detail in Chapter IV., Environmental Impact, pp. 59 - 66.

D. TRANSPORTATION, CIRCULATION AND PARKING

The project sites are served by a grid of mostly one-way streets. Bush and Pine Sts. are three-lane streets which operate one-way between Market St. and Presidio Ave., eastbound and westbound, respectively. Both are classified as Primary Vehicular Streets in the Transportation Element of the San Francisco Master Plan, which serve as major routes for automobile and truck movements into and out of the downtown area./1/ Hyde and Leavenworth Sts. are three-lane streets which operate between Market St. and Fisherman's Wharf. They are classified as Primary Vehicular Streets and are one-way from Pine and Market Sts., southbound and northbound, respectively. North of California St., Hyde and Leavenworth are two-way streets.

Other Primary Vehicular Streets in the vicinity of the project are Larkin and Jones Sts., south of Pine St. Post, Sutter, California, Sacramento, and Clay Sts. are designated as Transit Preferential Streets, on which priority is given to transit vehicles over autos during commute and business hours on weekdays./1/

The San Francisco Municipal Railway (Muni) operates 12 motor coach and trolley coach lines that have stops within three blocks of the project site, as well as six express lines that pass by the site (but do not stop) on Bush and Pine Sts. (see Figure 14, p. 37). The nearest bus stops for each transit line are also shown on Figure 14. One Muni route, the 27-Bryant, operates in the immediate site vicinity. This route provides crosstown service, connecting the project site with South of Market and the Inner Mission district. The

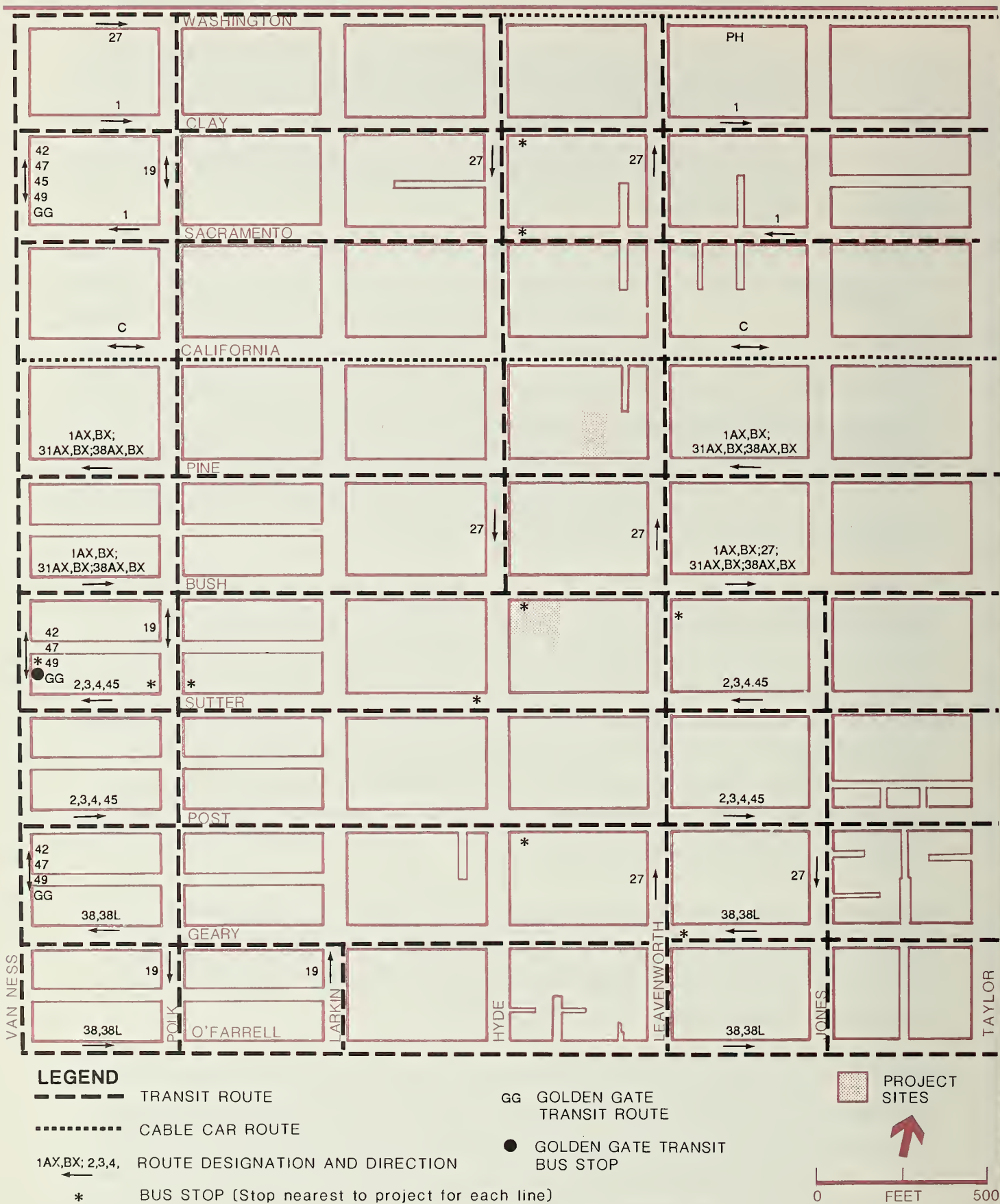


FIGURE 14

TRANSIT ROUTES IN PROJECT VICINITY

SOURCE: MUNI SAN FRANCISCO STREET & TRANSIT MAP, MARCH 1986

27-Bryant runs northbound on Leavenworth St. and stops at Bush St., one block (500 feet) from the medical building site. The 27-Bryant runs southbound on Hyde, Bush and Jones Sts. and stops on Bush St. at Hyde St., immediately in front of the medical building site. Another nearby north/south route is the 19-Polk, two blocks from the site, which operates from Fisherman's Wharf to the southeast quadrant of the City. Major east/west Muni routes run on Sutter and Post Sts., and Geary and O'Farrell Sts., connecting the project site with the northwest quadrant of the City.

Regional transit service to the site is provided to and from the East Bay by BART at the Powell Street and Civic Center Stations (ten blocks southeast and south of the site), and by AC Transit at the Transbay Transit Terminal on First St. south of Mission St. (12 blocks east of the site). Bus service to and from the Peninsula is provided by Samtrans which runs on Mission St. (11 blocks south of the site), and Caltrain from the train terminal at Fourth and Townsend Sts. (1.5 miles southeast of the site). Bus service to and from the North Bay is provided by Golden Gate Transit which operates on Van Ness Avenue, with the nearest stops at Sutter and Post Sts. (four blocks west of the site). The 27-Bryant line connects the project site to the Powell St. BART Station and Samtrans buses. It also runs within three blocks of the Caltrain Depot. The 19-Polk line connects the project site to the Civic Center BART Station and Samtrans buses. The 2-Clement, 3-Jackson and 4-Sutter lines connect the project site to the Transbay Transit Terminal and the Golden Gate Transit buses.

Saint Francis Memorial Hospital operates programs related to the transportation needs of its employees and patients. The programs include subsidized parking for employees in single-occupant autos and carpools, on-site sale of transit passes, patient pick-up services, and radiation therapy pick-up services (see Appendix C, p. A-35, for a more detailed description of these programs).

The Hospital provides off-street parking at four nearby facilities, the St. Francis Garage beneath the existing medical office building (909 Hyde St.), the adjoining surface lot on Pine St. west of Hyde St., the garage at 1234 Pine St. (between Hyde and Leavenworth Sts.), and the surface lot on the site of the proposed medical building. All of the facilities are owned by the Hospital and operated by Metro Park. The total capacity of the four parking facilities is 387 vehicles.^{/2/} Surveys taken on October 23 and 29, 1985 showed average occupancy of 94% at mid-day and mid-afternoon and 63% at 5:00 p.m.^{/3/} The Hospital also leases portions of two other garages in the surrounding area for employee parking: about 15 spaces in the State Garage at 818 Leavenworth St., and about 40 spaces in the 1075 Larkin St. garage.^{/2/}

- In mid-1976, the Hospital purchased a parcel of land (18,500 sq. ft.) located at 1400 Pine St. on the northwest corner of Pine and Larkin Sts./4/ The lot is now vacant; a gas station was demolished in mid-1986. In addition to the gas station, the lot was formerly used to park between 40 and 60 cars when the gas station was closed. The hospital has not decided what permanent use would be appropriate for the site. In the meantime, the Hospital received Conditional Use authorization (86.628C) from the City Planning Commission, on December 18, 1986, to use the site as a temporary 59-space parking lot under Section 205.2(9) of the City Planning Code. The parking spaces provided on the lot will be used solely by construction workers during construction of the Pierotti Pavilion addition, for a period of one year, or until completion of the addition to the Pavilion, whichever comes later. The lot will not be used for employee or patient parking.

There are three other parking facilities available to the public within the parking survey area: the Butterick Garage at 840 Sutter St., a ground-level self-park lot at 1074 Sutter St., and a ground-level self-park lot on Bush St. between Larkin and Polk Sts. The Butterick Garage is operated by Metro Park and has 128 valet spaces. The 1074 Sutter St. lot is operated by CMF Parking, Inc., and has 31 spaces. The City-owned Bush St. lot has 30 metered spaces.

Use of the parking facilities is structured so that the various categories of people coming to the medical facilities are "assigned" to a particular site. The garage beneath the 909 Hyde St. medical building is reserved for the medical office staff, and patients and visitors going to the hospital or medical offices, from 7:00 a.m. to 9:00 p.m., and for hospital employees on the night shift (11:00 p.m. to 7:00 a.m.). The adjoining surface lot on Pine St. is reserved for physicians only. Day shift hospital employees (7:00 a.m. to 3:00 p.m.), who receive monthly (single-occupant and carpools) and daily (single-occupant only) parking subsidies, park in the garages at 1234 Pine St., 1075 Larkin St., or 818 Leavenworth St. The 1075 Larkin St. garage is also used by hospital employees on the evening shift (3:00 to 11:00 p.m.). The surface lot on the corner of Bush and Hyde Sts. is for general use during the day and is used by night-shift hospital employees. The fee schedule for each facility (except the Pine St. surface lot which is free for the physicians that park there) is \$0.80 for each 20 minutes, with a maximum charge of \$5.50 per day./5/ (see Appendix C, p. A-35).

Within the local area of the project site (87 block faces), there are approximately 1,030 on-street parking spaces which have an average occupancy of 104%./3/ Residential permit parking zones exist in the local area surrounding the project site. Zone "C" includes 26 block faces, and there are 12 additional blocks faces that are jointly Zone "C" and "G". In these areas, neighborhood residents with parking permit stickers obtained

from the City are exempt from the two-hour parking limit. This has the effect of displacing long-term, non-resident parking in favor of resident parking. There are also 37 block faces with meters, mostly with two-hour limits, ten unmetered block faces with one-hour limits, and two block faces with white curb restrictions (passenger loading and unloading only). Figures 15 and 16, pp. 41 and 42, shows parking conditions in the project vicinity.

In front of the medical office site, sidewalk widths on Bush and Hyde Sts. are restricted by trees, fire hydrants, parking meters, poles and mailboxes. The effective clear width of the Bush St. sidewalk is five ft., 50% of the full width of ten ft. The effective clear width of the Hyde St. sidewalk is 6.75 ft., about 60% of the full width of 11 ft. The sidewalk width in front of the Pine St. garage is 9.5 ft. and is free of restrictions./6/

Pedestrian activity around the site during the peak periods of 7:00 to 9:00 a.m. and 4:00 to 6:00 p.m. is directed to and from transit and parking facilities. Peak afternoon pedestrian flows are generally higher than those of the morning period. Noon-hour flows are similar to the afternoon flows and are directed to restaurants and retail stores within the surrounding area.

Pedestrian volumes on the project sidewalks are low during the noon and p.m. peak hour./7/ This is characteristic of predominantly residential areas. The project sidewalks currently operate in open conditions at all times. This is characterized by complete freedom to select the speed and direction of movement./8/

NOTES - Transportation, Circulation and Parking

/1/ San Francisco Department of City Planning, January 1983, Transportation, An Element of the Master Plan.

/2/ Saint Francis Memorial Hospital, 1985 Master Plan, and Robert L. James, Associate Administrator, Saint Francis Memorial Hospital, telephone conversation, December 2, 1985.

/3/ See Appendix C for a summary of the parking inventory and usage survey conducted for this analysis.

/4/ Lois Haggarty, Director of Planning, Saint Francis Memorial Hospital, telephone conversation, September 17, 1986.

/5/ Thomas Payne, Saint Francis Memorial Hospital Parking Coordinator, telephone conversation, March 18, 1986.

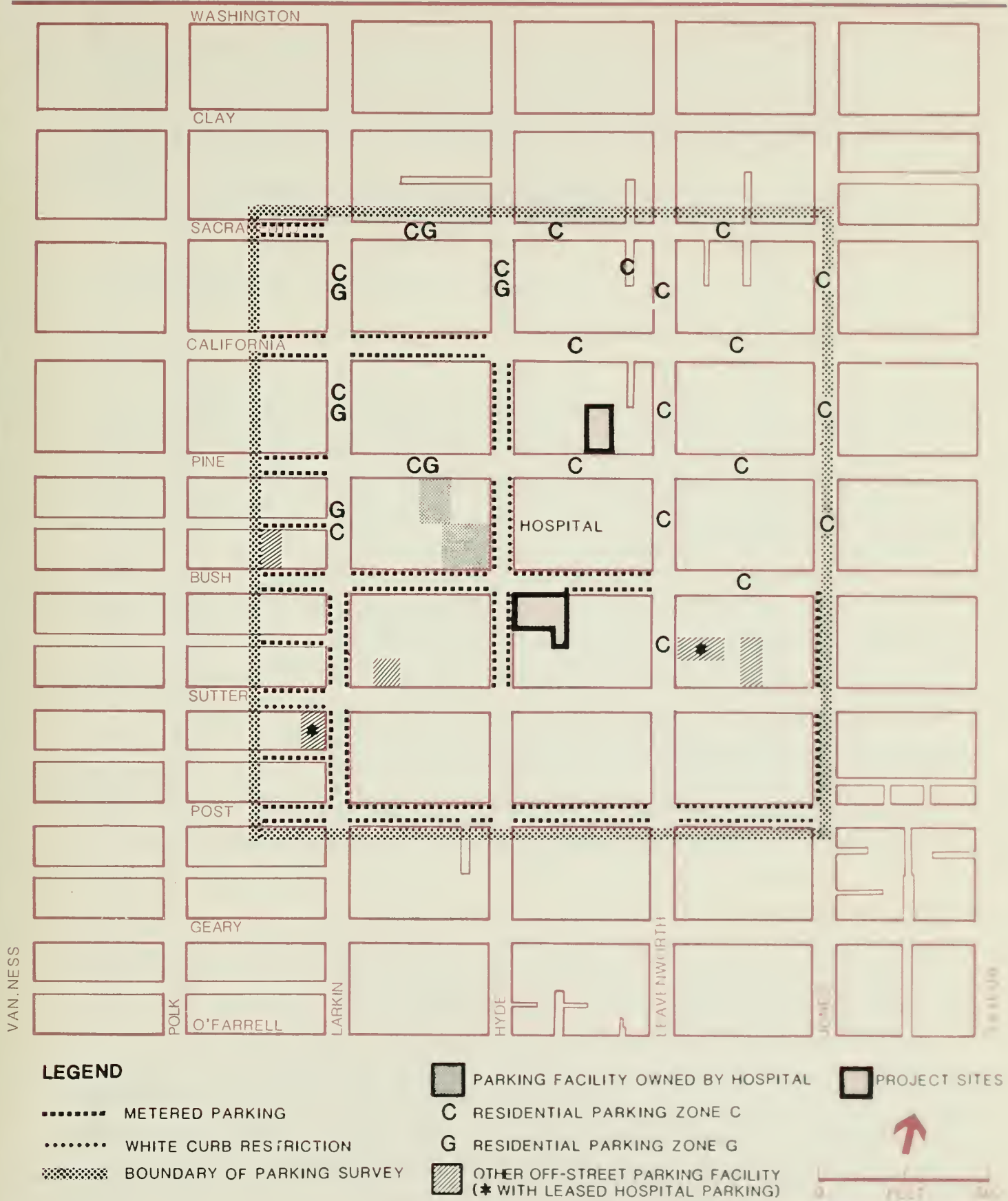


FIGURE 15
EXISTING PARKING CONDITIONS
IN PROJECT AREA

SOURCE: ESA

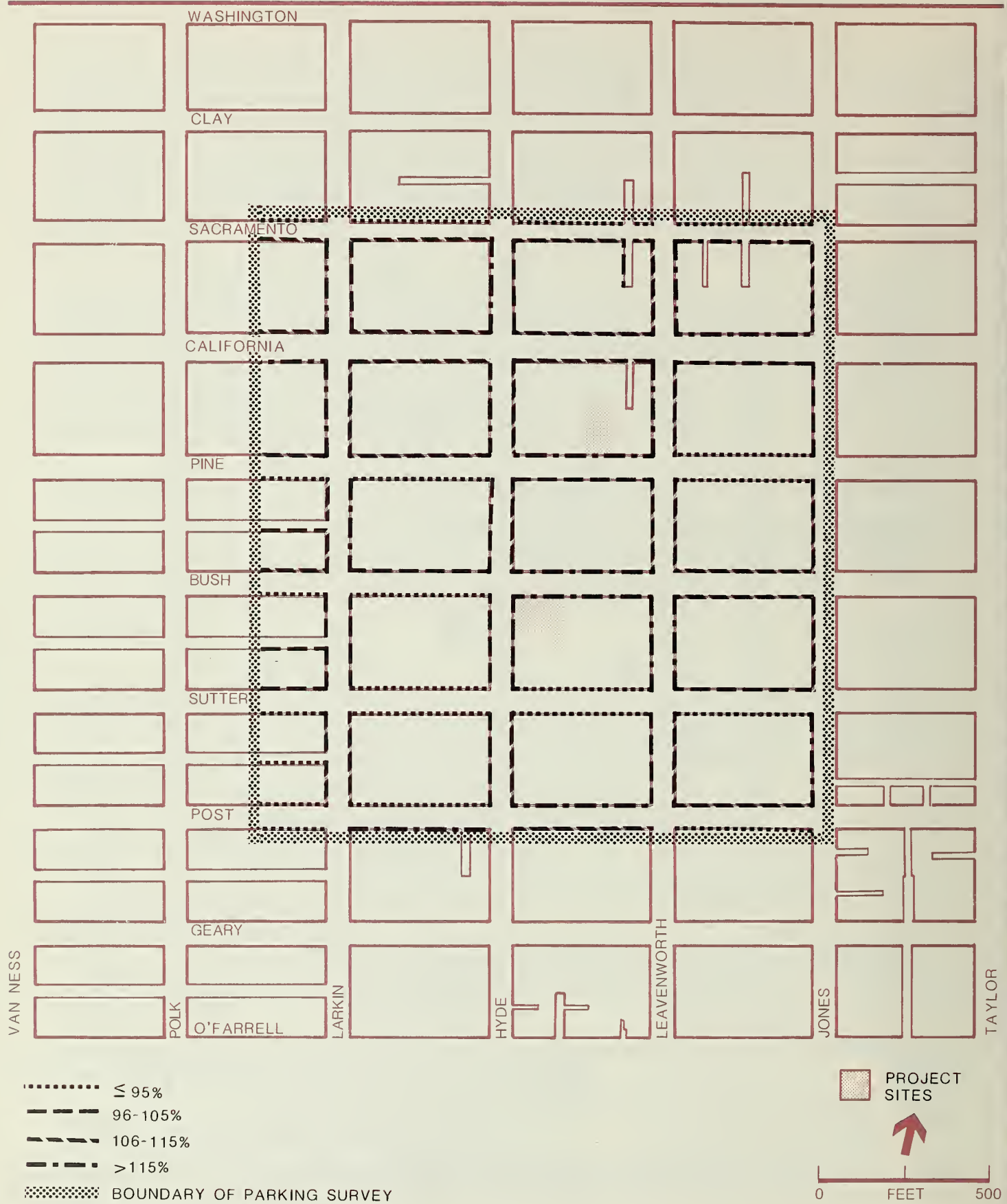


FIGURE 16
AVERAGE ON-STREET OCCUPANCY
RATES FOR WEEKDAY AFTERNOONS

SOURCE: ESA

/6/ Based on site survey plans by Martin M. Ron Associates, Inc., Land Surveyors, June, 1985.

/7/ Based on observations at the project site conducted by Environmental Science Associates on Wednesday and Tuesday, October 23 and 29, 1985, during the afternoon period. Weather conditions were fair and warm.

/8/ Pushkarev and Zupan, Urban Space for Pedestrians, MIT Press, 1975, Cambridge, MA.

E. AIR QUALITY

SETTING

The Bay Area Air Quality Management District (BAAQMD) operates a regional monitoring network which measures the ambient concentrations of six air pollutants: ozone (O_3), carbon monoxide (CO), total suspended particulates (TSP), lead (Pb), nitrogen dioxide (NO_2), and sulfur dioxide (SO_2). On the basis of the monitoring data, the Bay Area, including San Francisco, currently is designated a nonattainment area with respect to the federal ozone and CO standards. A three-year summary of the data collected at the BAAQMD monitoring station nearest the project site (about 2.6 miles southeast at 900 23rd St.) is shown in Appendix D, p. A-53 together with the corresponding federal and/or state ambient air quality standards. In 1984, there was one violation of federal and state ozone standards, one violation of federal and state eight-hour CO standards, and five violations of the previous state 24-hour average TSP standard; in 1983, there was one violation of the federal and state one-hour average ozone standards and four violations of the previous state 24-hour average TSP standard; and in 1982 there was one violation of the federal and state eight-hour CO standard, and three violations of the state 24-hour average TSP standard./1/

BAAQMD has conducted two CO "hotspot" monitoring programs in the Bay Area, including San Francisco. One CO monitoring program was conducted during the winter of 1979-80 and included the intersection of Washington and Battery Sts. in San Francisco, about 0.9 miles northeast of the site./2/ The high eight-hour average concentration was 10.1 ppm, which violates the 9-ppm state and federal standards by 1.1 ppm. The high one-hour average concentration of 15 ppm does not violate the 20-ppm state standard or the 35-ppm federal standard. Another CO monitoring program was conducted during the winter of 1980-81 and included the San Francisco intersections of Geary and Taylor Sts., about 0.2 miles southeast of the site, and 100 Harrison St. at Spear, about 1.3 miles east

of the site./3/ At Geary and Taylor the observed high eight-hour average concentration was 11.5 ppm, which violates the standards by 2.5 ppm, and the high one hour concentration was 15 ppm, which does not violate standards. At Harrison St., the observed high eight-hour and one-hour average concentrations were 7.8 ppm and 13 ppm, respectively, which do not violate standards. These data indicate that locations in San Francisco near streets with high traffic volumes and congested flows may experience violations of the eight-hour CO standard under adverse meteorological conditions. In December, 1985, the City monitored CO and counted traffic at the Sixth and Brannan intersection. These data are still being analyzed.

Comparison of these data with those from other BAAQMD monitoring stations indicates that San Francisco's air quality is among the least degraded of all the developed portions of the Bay Area. Three of the four prevailing winds, west, northwest and west-northwest, blowing off the Pacific Ocean reduce the potential for San Francisco to receive pollutants from elsewhere in the region.

San Francisco's air quality problems, primarily CO and TSP, are due largely to pollutant emissions from within the City. CO is a non-reactive pollutant; its major source is motor vehicles. CO concentrations are generally highest during periods of peak traffic congestion. TSP levels are relatively low near the coast, increase with distance inland, and peak in dry, sheltered valleys. The primary sources of TSP in San Francisco are demolition and construction activities, and motor vehicle travel over paved roads.

San Francisco contributes to regional air quality problems, including ozone, which affect other parts of the Bay Area. Ozone is not emitted directly from sources, but is produced in the atmosphere over time and distance through a complex series of photochemical reactions involving hydrocarbon (HC) and nitrogen oxide (NOx) emissions, which are carried downwind as the photochemical reaction occurs. Ozone standards are exceeded most often in the Santa Clara, Livermore, and Diablo Valleys, because local topography and meteorological conditions favor the buildup of ozone and its precursors there.

In 1982, motor vehicles were the source of 86% of the CO, 46% of the hydrocarbons (HC), 44% of the TSP, and 56% of the nitrogen oxides (NOx) emitted in San Francisco, while power plant fuel combustion was the largest single source of sulfur oxides SOx, about 33% of the total./4/ These percentages are expected to apply reasonably well to current conditions.

In response to the Bay Area's ozone and CO nonattainment designations, the Association of Bay Area Governments (ABAG), BAAQMD, and the Metropolitan Transportation Commission (MTC) prepared and adopted the 1982 Bay Area Air Quality Plan, which establishes pollution control strategies to attain federal ozone and CO standards by 1987 as required by federal law./5/ These strategies were developed on the basis of detailed subregional emission inventories and projections, and mathematical models of pollutant behavior, and consist of stationary and mobile source emission controls and transportation improvements. The BAAQMD, MTC, and California Bureau of Automotive Repair (a state agency) have primary responsibility for implementation of these strategies.

NOTES - Air Quality

/1/ State standards for particulate matter changed in 1983 to concentrate on fine particulate matter which has been demonstrated to have health implications when inhaled. Concentration standards also changed. There is not yet an adopted method for monitoring fine particulate matter. Until the State adopts a method, it is not possible to determine what proportion of TSP in San Francisco would be subject to review against the new standards.

/2/ Association of Bay Area Governments, AQMP Tech Memo 33, "Summary of 1979/1980 Hotspot Monitoring Program," Berkeley, California, June 1980.

/3/ Association of Bay Area Governments, AQMP Tech Memo 40, "Results of the 1980/1981 Hotspot Monitoring Program for Carbon Monoxide," Berkeley, California, January 1982.

/4/ Bay Area Quality Management District (BAAQMD), "Base Year 1982 Emissions Inventory, Summary Report," San Francisco, California, November 1, 1983.

/5/ Association of Bay Area Governments (ABAG), BAAQMD and MTC, 1982 Bay Area Quality Plan, Berkeley, California, December 1982.

F. POPULATION AND HOUSING

POPULATION

The medical building site is currently used for parking. Metro Park currently operates both this parking lot and the parking garage on the garage addition site. The parking lot operation on the medical building site employs four full-time employees, and the parking garage, three full-time employees./1/

HOUSING

A survey was conducted in October 1985, of the place of residence of physicians and staff at the existing 909 Hyde St. medical building (diagonally across the Bush and Hyde Sts. intersection from the medical building site), and of physicians and staff (nurses and other support staff) at the Hospital. Results of the survey indicate that 48% of the physicians at the Hospital and 909 Hyde St., about 68% of the support staff at 909 Hyde St. and 54% of the support staff for physicians located in the Hospital reside in San Francisco. About three percent of physicians and 909 Hyde staff reside in the East Bay, while about 20% of the Hospital staff resides there; 17% of the physicians and 22% of the 909 Hyde support staff live in the Peninsula, as compared to about 15% of the Hospital staff. Physicians and 909 Hyde staff who reside in the North Bay represent 33% and eight percent, respectively, as compared to about 12% of the Hospital staff. None of the physicians or staff at 909 Hyde or the Hospital responding to the survey reside in Napa or Solano counties./2/

NOTES - Population and Housing

/1/ Bob Jaco, Personnel Assistant, Metropolitan Parking Corporation, telephone conversation, December 20, 1985.

/2/ For the residency survey, East Bay is defined as Alameda and Contra Costa Counties; Peninsula as San Mateo and Santa Clara Counties; North Bay as Marin and Sonoma Counties; and Napa comprises Napa and Solano Counties.

IV. ENVIRONMENTAL IMPACT

An application for environmental evaluation for the project was filed on May 13, 1985. On November 28, 1985 based on an Initial Study, the Department of City Planning, Office of Environmental Review determined that an Environmental Impact Report was required. Issues determined as a result of the Initial Study to require no further environmental analysis include: Operational Noise, Reflected Light and Glare, Air Quality during Construction, Utilities/Public Services, Biology, Geology/Topography, Water, Energy/Natural Resources, Hazards and Archaeological Resources. Therefore, this document does not discuss these issues (see Appendix A, pp. A-2 - A-32, for the Initial Study). Some of the impacts presented in this section are not physical environmental effects as defined by the California Environmental Quality Act. They are included in the EIR for informational purposes only.

A. LAND USE AND ZONING

LAND USE

The project would be the second building constructed since 1968 in the project area as part of the Saint Francis Memorial Hospital and Medical Center complex. The proposed medical building would not displace any existing structures; it would require removal of a paved 55-space surface parking lot for construction of a six-story (six stories above grade and three below) medical office building with a laboratory, therapy clinic and ground-floor retail space. The building would also include two subsurface parking levels. The medical building would add 46,645 gross square feet (gsf) of medical office space, 14,830 gsf of laboratory clinic space, and 1,900 gsf of ground-floor retail space to the site, thereby increasing the density and variety of uses on the site. The medical building would be a continuation of medical uses associated with the Hospital clustered along Hyde, Bush and Pine Sts. in the project vicinity. The medical building also would replace the existing surface parking lot (55 spaces) with 117 underground parking spaces and two van-loading spaces. The parking garage addition on Pine St. would add three parking levels to an existing, two-level parking garage. The parking garage addition would expand the existing garage at 1234 Pine St. by adding 205 net new spaces.

- The proposed Medical Office Building and Parking Garage Addition would represent an increase in the amount and concentration of medical office and parking uses in an area which is of predominantly residential use and character. The proposed increase of medical office space in the area would be consistent with the 1985 Saint Francis Memorial Institutional Master Plan, which calls for expansion of this use in the vicinity of the Saint Francis Memorial Hospital (see also p. 49 for further discussion of the Institutional Master Plan).

Construction of four additional levels to the Hospital's Pierotti Pavilion directly north of the medical building site has been previously approved (CU 76.9) and will be undertaken as the need for additional Hospital space arises./1/ Under this approval, the Hospital has begun construction of one of the approved additional levels to the Pierotti Pavilion to accommodate additional space required for sports medicine and ambulatory surgery; construction began in September 1986.

ZONING

Conditional Use (CU) authorization from the City Planning Commission, under the procedures of Section 303 of the Planning Code, would be required for a medical institution (including medical office and laboratory and therapy clinic space) in an RC-4 District (Section 209.3(a) of the Code); for off-street parking which exceeds 150% of the required spaces (Sections 204.5 (c) and 157); for off-street parking which does not meet the requirements for accessory parking in an RC-4 District, (Section 209.7 (c)) and also for not providing all the required parking on-site but in a garage within 800 ft. (Section 159(c)).

The medical building would be about 96 ft. above grade, including a 16-ft.-tall mechanical penthouse. The 18-ft. tall parking garage addition would result in a total height of 43 ft. as measured midpoint on the Pine St. frontage, for the parking garage. In an R-District, a CU authorization is required for structures which exceed 40 ft. in height, regardless of the height limits of the district in which the building is proposed (Section 253 of the Code). Therefore both the medical building and the parking garage addition would require Conditional Use authorization for those portions of the building which exceed 40 ft. in height.

The bulk dimensions of the medical building and the parking garage addition would be less than the allowable length (110 ft.) and diagonal dimensions (125 ft.) above 40 ft. for the "A" Bulk district of the project sites.

- The length and diagonal dimensions of the portion of the medical building above 40 ft. in height would be about 108 ft. and about 125 ft., respectively. The parking garage addition site slopes upward toward the northeast from Pine St. Section 260(a) and Section 102.11(c) of the City Planning Code specify for an upward-sloping lot, that height is measured in relation to ground elevation at the mid-point of the site frontage for the closest part of the building within 10 ft. of the property line, and at the average of the ground elevations at either side of the building at each cross section parallel to the street elevation. Therefore, only the portion of the garage adjacent to Pine St. exceeds a code-measured height of 40 ft. For this portion the code-measured length and diagonal dimension would be about 84 ft. and about 86 ft. respectively. The length and diagonal dimension of the portion of the parking garage below 40 ft. in height would be about 136 ft. and about 160 ft., respectively.

In an RC-4 District, the maximum allowable Floor Area Ratio is 4.8:1, permitting development of 53,251 gross sq. ft. at the 11,094-sq.-ft. medical building site. The gross floor area applicable to the Floor Area Ratio (FAR) of the medical building would be 63,625 gross sq. ft./2/ With the addition of the corner lot premium allowed by Section 125(a) of the Code, the FAR of the project would be 4.6:1./3/ The basic FAR of the garage with the addition would be 4.8:1, which is the maximum FAR for the lot.

The medical building and parking garage addition were included in the Institutional Master Plan revision recently conducted by Saint Francis Memorial Hospital, as required by the Planning Code (Section 304.5). The Hospital's Institutional Master Plan, first prepared in 1974, requires revision when the Hospital desires to change the direction of future development. The City Planning Commission holds a public hearing on the revised Plan but does not have approval powers. After the hearing, six months must pass before the Hospital can act on any portion of the revised Plan which requires Conditional Use authorization. The public hearing on the revised Institutional Master Plan for the Hospital was held on July 25, 1985. After January 25, 1986, the Hospital can request necessary CU authorization for development covered under the revised Plan.

The project would respond to Objectives and Policies of the Commerce and Industry Element of the Master Plan. Objective 8 of this Element states, "Maintain and strengthen

viable neighborhood commercial districts readily accessible to City residents." Policy 1 of this Objective states, "Promote the multiple use of neighborhood commercial areas with priority given to neighborhood-serving retail and service activity." The retail space on the ground floor of the medical building is intended to provide a commercial establishment which would serve the needs of the surrounding residential neighborhood. Objective 9 of this Element states, "Enhance San Francisco's position as a national and regional center for governmental, health, and educational services." Policy 2 of this

Objective states, "Encourage the extension of needed health and educational services, but manage expansion to avoid or minimize disruption of adjacent residential areas." The additional office space for doctors and support staff, and the laboratory and therapy clinic space provided in the medical building, would provide the space required by the Hospital for expansion of these uses, as evaluated in the revised Institutional Master Plan conducted by Saint Francis Memorial Hospital in 1985. Construction of the medical building would not displace any residential units.

The project would respond to Policy 3 of Objective 9, which states, "Promote the provision of adequate health and educational services to all geographical districts and cultural groups in the city." The proposed project would be an expansion of hospital facilities adjacent to residential neighborhoods of diverse cultural groups, including Nob Hill, Polk Gulch, and the Tenderloin.

NOTES - Land Use and Zoning

/1/ Mike Stinedorff, Kaplan McLaughlin Diaz, telephone conversation, March 19, 1986.

/2/ Under the City Planning Code (Section 102.8(b)), gross floor areas calculations applicable to Floor Area Ratio exclude floor space used for accessory parking and loading spaces (19,690 gsf in the medical building) and for building mechanical space located within a mechanical penthouse.

/3/ FAR calculations for the medical building site are based on the site size (11,094 sq. ft.) plus an additional 25 percent of the portion of the site which is applicable to the corner lot premiums (Section 125(a) of the Code) for a total site size of 13,789 sq. ft. applicable to FAR. FAR calculations for the medical building are as follows:

Floor Area Ratio (FAR) Calculation

Basic Site Area	11,094 sq. ft.	$63,625 - 11,094 = 5.7:1$ FAR of Proposed Project
Corner Lot Premium	2,695	$63,625 - 13,789 = 4.6:1$ FAR with Corner Lot Premium
Total effective Site Size	13,789	

B. URBAN DESIGN

The proposed medical building would be consistent with the scale of the existing Saint Francis medical facilities. The height and bulk of the six-story medical building would be

substantially smaller than the 12-story hospital tower at the southeast corner of Hyde and Pine Sts. (see Figure 17, p. 52) and would be about the same as the 909 Hyde St. office building, diagonally across the Bush and Hyde Sts. intersection from the medical building site. The medical building would be larger in scale and height than existing residential buildings to the north and west of the site, but would be of comparable height to existing residential development south and east in the site vicinity. Several buildings within one block of the medical building site disrupt the predominantly low-scale residential pattern north, northwest, northeast and east of the site. These larger buildings include the existing Saint Francis Hospital tower, to the north; the existing 909 Hyde St. medical office building, and the convalescent hospital at 1351-79 Pine St., northwest of the site; and the apartment building at 1257 Bush St., west of the site.

The three-story base of the medical building would relate to existing buildings adjacent to the site on the project block. The development of the medical building site, which is currently occupied by a surface parking lot, would complete the streetwalls on the project block and create a stronger identity at the Hyde St. and Bush St. intersection (see Figure 18 and 19, pp. 53 - 54). The medical building would infill and complete the continuous pattern of architecturally detailed building facades built to the lot lines.

The medical building would include a number of design features intended by the project architects to relate the proposed structure to facades of nearby buildings. Above the third floor, the upper levels of the medical building would be set back. These setbacks are intended to relate the facade at the property line to the heights of adjacent buildings. The stepped exterior design would divide the facade into horizontal sections, and the vertical orientation and punched window design of lower levels would be of similar design to facades of nearby older buildings. The triangular window bays on the Bush and Hyde St. facades of the medical building would provide a visual transition between the San Francisco bay window design prevalent on facades of older buildings in the vicinity, and the relatively flat linear facade design of newer development near the site. To maintain pedestrian scale, there would be clear-glass retail store front on Bush St. The proposed medical building would impede light and air access to the light well in the residential building east of the site.

The height and scale of the parking garage with the proposed addition would be comparable to existing development on the garage addition site block (see Figure 20, p. 55) and on blocks north, east and south in the site vicinity. The parking garage with addition would be lower in height and smaller in scale than existing development on blocks south of the garage site.



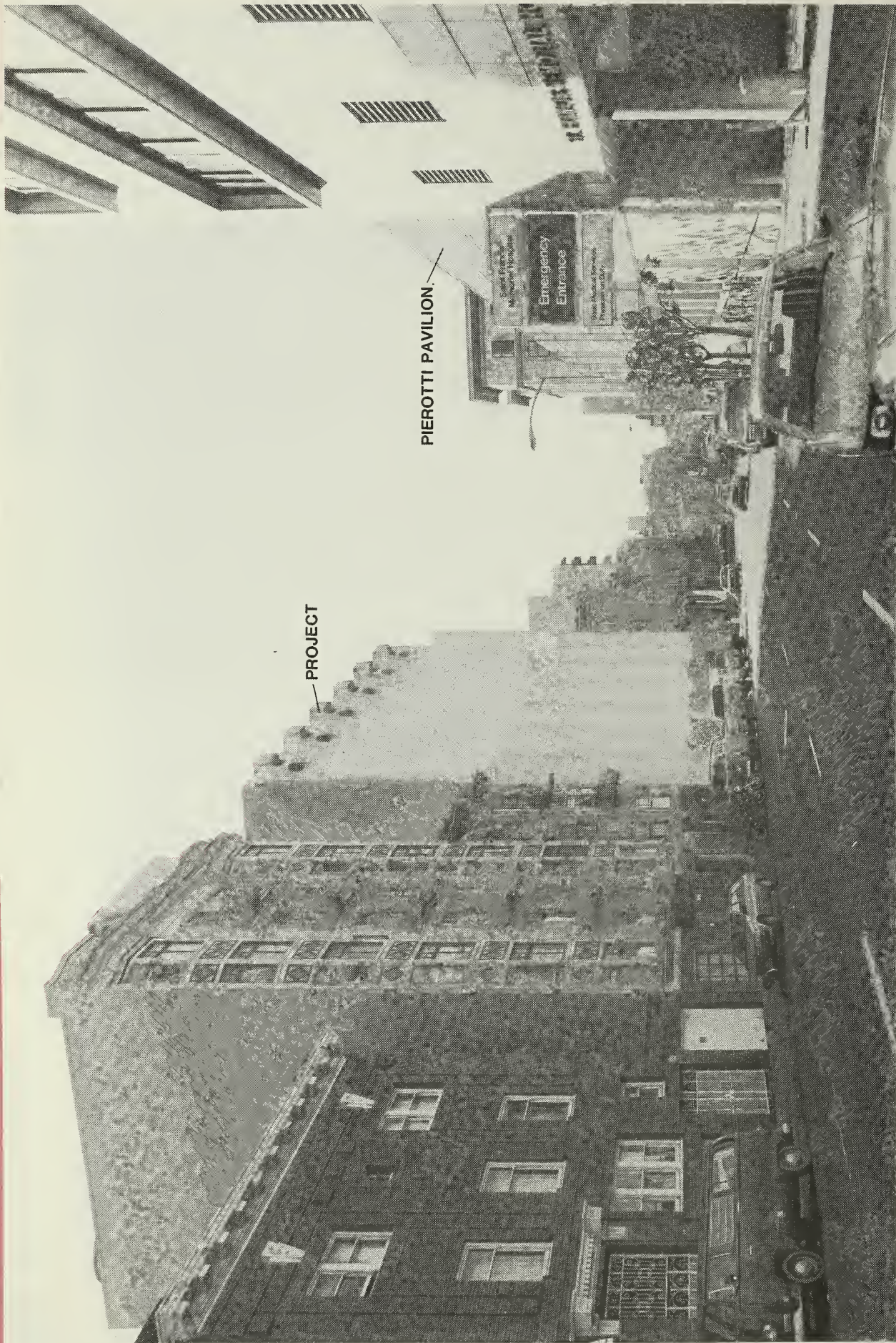
● FIGURE 17
VIEW OF MEDICAL BUILDING
FROM HYDE STREET

SOURCE: Heller and Leake, Architects



• FIGURE 18
VIEW OF MEDICAL BUILDING
FROM BUSH STREET LOOKING EAST

SOURCE: Heller and Leake, Architects



● FIGURE 19
VIEW OF MEDICAL BUILDING
FROM BUSH STREET LOOKING WEST

SOURCE: Heller and Leake, Architects



FIGURE 20
VIEW OF PARKING GARAGE
AND ADDITION FROM PINE STREET

SOURCE: Heller and Louke, Architects

- The garage addition would create a more continuous façade on the Pine St. frontage of the site block than does the existing parking garage, which is lower in height than adjacent buildings. The proposed garage addition would incorporate design elements similar to the façade of the existing garage, and would be similar in scale to the façades of some of nearby buildings. The corners of the Parking Garage Addition would be "notched" or cut away at that part of the façade adjacent to the cornice on the adjacent 1250 Pine St. building, in an attempt to maintain the integrity and symmetry of the adjacent buildings cornice. The extension of the 1250 Pine St. building's cornice beyond the property line would be retained and coordinated with the design of the garage addition. The additional levels for the parking garage would impede light and air access to the lightwell on corresponding levels of the apartment building which is west of the parking garage.

VIEWS

The medical office building would be taller than adjacent buildings and would therefore impede views south along Hyde St. from residential buildings located on the west side of Hyde St., between Bush and Sacramento Sts. The medical building could also impede views to the west, along Bush St., from the upper floors of residential buildings on the north side of Bush St., near the intersection of Bush and Leavenworth Sts.

- The parking garage with the proposed addition would be taller and more visible than the existing parking garage, and would impede southward views from the rear of upper floors of residential buildings located on the south side of California St., adjacent to and north of the existing garage. The parking garage addition would also impede westward views from the rear of upper floors of the residential building located on the west side of Leavenworth St., adjacent to and northeast of the existing garage. The view of the roof of the parking garage addition would be of vehicles parked there, while the roof of the existing garage does not provide space for parking. To mitigate visual impacts, the project sponsor would provide plantings and trellises on the rooftop level of the garage addition.

MASTER PLAN

The Urban Design Element of the San Francisco Master Plan contains policies and principles which may be used to evaluate the project. Table 2, on pp. 57 – 58, compares the project to these policies.

WIND

The medical building and the parking garage addition would not substantially alter the wind environment in the vicinity of the two sites. Both of the project buildings would be mostly sheltered by existing structures to the west, the general direction of the wind. Also, the complex facade of the medical building would mitigate wind impacts, as generally, the more complex the building is geometrically, the less probable wind impact would be at ground level./1/

TABLE 2: RELATIONSHIP BETWEEN APPLICABLE URBAN DESIGN POLICIES OF THE MASTER PLAN AND THE PROPOSED PROJECT

URBAN DESIGN PLAN POLICIES

Objective 1, Policy 6 - "Make centers of activity more prominent through design of features and by other means."

Objective 3, Policy 1 - "Promote harmony in the visual relationships and transitions between new and older buildings. New buildings should be made sympathetic to the scale, form, and proportion of older development."

Objective 3, Policy 2 - "Avoid extreme contrasts in color, shape and other characteristics which will cause new buildings to stand out in excess of their public importance."

RELATIONSHIP OF PROJECT TO POLICIES

The main entrance to the medical building, fronting on Bush St., would be two-story and recessed from the Bush St. property line of the site. The retail frontage on Bush St. would be designed with recessed, eight-ft.-long clear glass windows to permit retail activities to be viewed from the street. Street trees would be provided along Bush and Hyde Sts.

The medical building would be stepped back above the building base; the scale of the building base would be similar in height to older structures south, west and east in the vicinity of the site. The facades of the medical building and the garage addition would include stone cornices at the top of the buildings. The medical building facade would also include stone detailing at parapets, and base; punched round window openings at the top level; and, a stone cornice above the base and tower levels, which would be similar to the heights of the taller older buildings in the vicinity.

The medical building would be rectangular in form, with the fourth, fifth, and sixth levels set back above the base. Facade materials of the medical building would include light-colored natural stone masonry on the exterior of base levels and as cornice detailing above, and red brick veneer on the upper levels. The exterior materials of the parking garage addition would be cement plaster of a texture and color which would correspond to facade materials of the existing garage. The facades of existing buildings in the vicinity of the sites are generally of masonry, brick, reinforced concrete and glass.

TABLE 2: RELATIONSHIP BETWEEN APPLICABLE URBAN DESIGN POLICIES OF THE MASTER PLAN AND THE PROPOSED PROJECT (Continued)

URBAN DESIGN PLAN POLICIES

Objective 3, Policy 3 - "Promote efforts to achieve high quality of design for buildings to be constructed at prominent locations."

Objective 3, Policy 5 - "Relate the height of buildings to important attributes of the city pattern and to the height and character of existing development."

Objective 3, Policy 6 - "Relate the bulk of buildings of the prevailing scale of development to avoid an overwhelming or dominating appearance in new construction."

RELATIONSHIP OF PROJECT TO POLICIES

The medical building would include architectural features intended to compliment adjacent older development (see Policy 1 above).

The height of the parking garage addition would, in combination with the existing garage, be similar to older structures in the vicinity. The medical building would be taller than nearby buildings to the east and west of the site, which are generally shorter than the existing Saint Francis Memorial Hospital building north of the medical building site; and would be of comparable height to buildings within two blocks south of the site.

The bulk of the medical building, would be smaller in scale than existing hospital and medical office buildings in the project area. However, the six-story medical building would be taller than most of the nearby adjacent residential uses to the north and west of the site, but would be comparable in height to residential buildings south and east of the site. The apparent bulk of the medical building would be reduced by setbacks at various heights. The parking garage addition, in combination with the existing garage, would be similar in bulk and scale to that of older buildings in the vicinity of the sites.

SOURCE: Urban Design Element, San Francisco Comprehensive Plan, 1971;
Environmental Science Associates, Inc.

NOTE - Urban Design

/1/ Donald Ballanti, Certified Consulting Meteorologist, letter report, December 7, 1985. This letter is on file and available at the Office of Environmental Review, 450 McAllister St.

C. SHADOWS

Shadow patterns for existing and proposed buildings in the project area are shown for 10:00 a.m., noon, and 3:00 p.m. for the four seasons: during winter and summer solstices when the sun is at its lowest and highest and during the spring and fall equinoxes when the sun is at its midpoint. (See Figures 21-24.) Conditions from July through November mirror the conditions from January through May (using solar time). The analysis includes shadows cast on streets, sidewalks, pedestrian areas, and open space in the area potentially affected by the proposed medical building. A shadow outline of the project as though cast on a flat plane is shown to illustrate the scale of the project in relation to the structures that would surround it. The diagrams show existing and proposed building shadows and net new shadow due to the medical building. As shadow effects of the garage addition would affect only immediately adjacent residential properties and thus would not be of interest to the public in general, shadow diagrams are not included in the EIR; a discussion of shadow effect from the garage is included for the reader. The diagrams are on file and available for public review at the Office of Environmental Review, 450 McAllister St.

- The apartment building at 1250 Pine St. adjoining the parking garage to the west has two lightwells facing the parking garage. The larger, southerly lightwell provides light and air access for the kitchen window of one of the two front apartments, one of the two bedroom windows of one of the two rear apartments, and the building's stairwell and entrance lobby windows. The smaller, northerly lightwell provides light and air access for the second bedroom window, and the window for the bathroom and one of the living room windows for one of the two rear (northerly) apartments. A total of 18 windows in the 1250 Pine St. building would be effected by the parking garage addition. These windows provide the only light and air access to two front apartment kitchens, and the bedroom, and bathroom of three rear apartments, and the buildings' entrance lobby window and hallway windows and provide partial light and air access to the living room of three rear apartments. Direct sunlight would not be expected to reach the lightwells

except for about one hour at midday under existing conditions and with the garage addition. The living room of the front apartments receives light and air from windows on Pine St., and the dining room of the rear apartments receives light and air from windows overlooking the building's rear yard.

December 21st (PST)

Medical Building

At 10:00 a.m. on December 21st (see Figure 21, p. 62), the building would add shadows to the roadway and sidewalks along Hyde and Bush Sts. adjacent to and opposite the site, and to the intersection of the two streets. The building would add to existing shadows on streets and sidewalks at Hyde and Bush Sts. At noon on December 21st, the building would add shadows along Bush St. and its sidewalks adjacent to and opposite the site. At 3:00 p.m., the building would add shadows to Bush St. and its sidewalks adjacent to and opposite the site.

Parking Garage Addition/1/

At 10:00 a.m. on December 21st, the parking garage addition would add new shadow to a

- strip of the rooftop of the adjacent residential building west of the garage, and to a corner portion of two rear yards of residences behind the garage. The lightwells in the adjacent building would not be substantially affected by the proposed addition since the lightwells are already in shade at this time in the morning. Shading of the lightwells would not necessarily reduce the amount of light received within the lightwells, because shadows would not affect the amount or duration of natural illumination from sunlight overhead or from sunlight reflected from walls of adjacent buildings. The project could, however, reduce the intensity of light received within the lightwells. The amount, or intensity of light could decrease because the area of sky which contributes light to the lightwells would decrease due to the increased height of the proposed garage addition. The surface of the addition next to the lightwells would be light colored with a smooth surface; therefore, sunlight could be reflected into the lightwells at a higher intensity than now exists.

- By noon, the garage addition would continue to add shadow to the same backyards, and begin to shade a sliver of the rearyard of a residence to the east. The lightwells in the adjacent residential building to the west are shadowed by the existing Hospital tower; this condition continues throughout the afternoon. At 3:00 p.m., the addition would add new shadow to a portion of the backyard and rooftop of a residence directly north of the site. Much of the rooftop and yards of buildings in the immediate vicinity of the garage is shaded by the existing Hospital tower.

March 21st (PST)

Medical Building

At 10:00 a.m. on March 21st (see Figure 22, p. 63), the medical building would add shadows along Bush and Hyde Sts. and their sidewalks adjacent to the site, and would also add some shadow to the north sidewalk of Bush St. opposite the site, and to the intersection of the two streets. At noon on March 21st, the building would add shadow to Bush St. and the sidewalk adjacent to the site. At 3:00 p.m., the building would continue to add new shadow to Bush St. and its sidewalk adjacent to the site. The rooftop of the adjacent apartment building to the east of the site would also be partially shaded.

Parking Garage Addition

At 10:00 a.m. on March 21st, the parking garage addition would add new shadow to the rooftop of the adjacent residence to the west and to the rearyards of residences to the north. The addition would not add new shadow to the lightwells of the adjacent residential building to the west, because the lightwells are already in existing shadow from the morning until the afternoon. By noon, the shadow would shorten and newly shade portions of two backyards directly to the north of the garage. By 3:00 p.m., the garage addition would add new shadow to portions of three rearyards abutting the site.

June 21st (PDT)

Medical Building

At 10:00 a.m. on June 21st (see Figure 23, p. 64), the project would add shadows along the Hyde and Bush Sts. roadway and sidewalks adjacent to the site, and would also add shadow to the west sidewalk of Bush St. opposite the site. At noon, the project would add some shadow to Bush and Hyde Sts. and their sidewalks adjacent to the site. By 3:00 p.m., the project would shade the Bush St. sidewalk along the site plus a small portion of Bush St., and would also shadow a portion of the rooftop of the adjacent residential building to the east.

Parking Garage Addition

At 10:00 a.m., the addition would add new shadow to a portion of the roof of the residence directly west of the garage and to portions of five rear yards to the north and west of the site. By noon, the shadow would shorten and only a sliver of rooftop of the adjacent residence to the west and portions of four rearyards adjacent to the site would be in shade. At 3:00 p.m., the addition would add new shade to slivers of four rear yards adjacent to the site to the north and east.

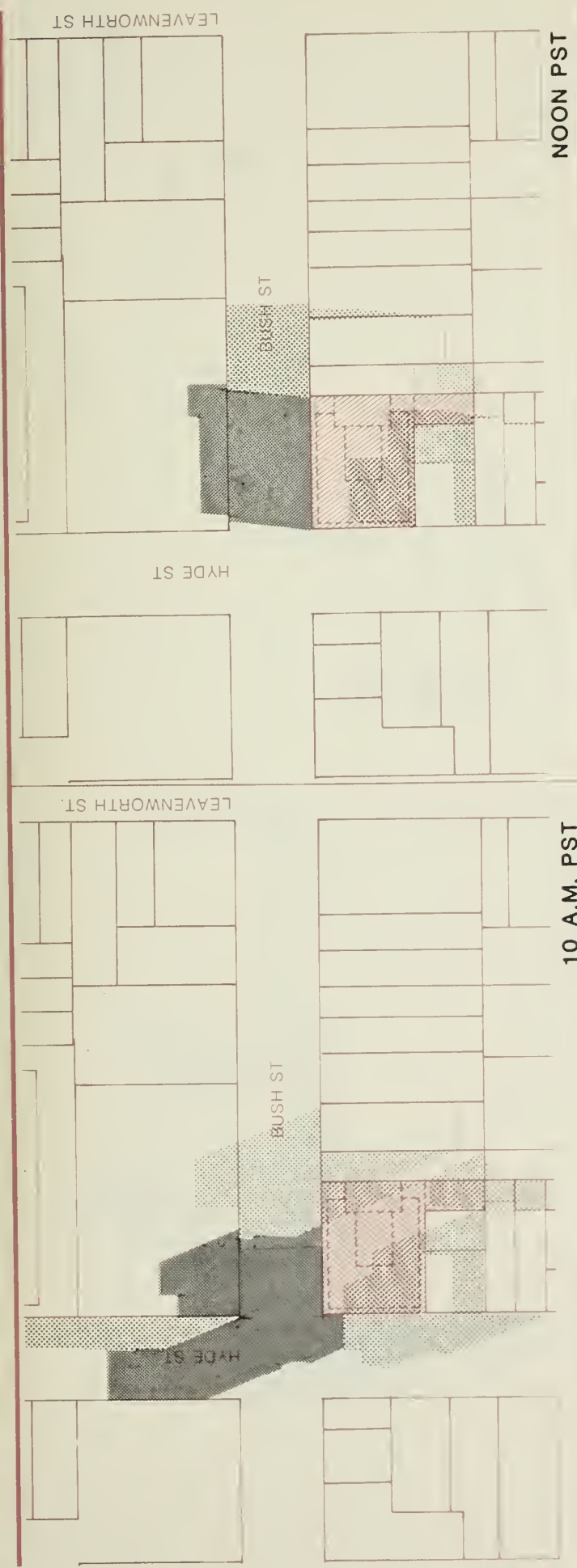
September 21st (PDT)

Medical Building




At 10:00 a.m. on September 21st (see Figure 24, p. 65), the project would add shadows to Hyde and Bush Sts., their sidewalks adjacent to and opposite the site and to the intersection of the two streets. At noon, the shadow would be east of the Hyde and Bush St. intersection, shading most of Bush St. along the site and the sidewalk adjacent to the site and also the Hyde St. sidewalk adjacent to the site. At 3:00 p.m., the project would continue to add shadow to a portion of Bush St., and its sidewalk adjacent to the site.

Parking Garage Addition

At 10:00 a.m., the addition would add new shadow to about half of the adjacent rooftop to the west and portions of four rear yards to the north and northwest of the site. By noon,

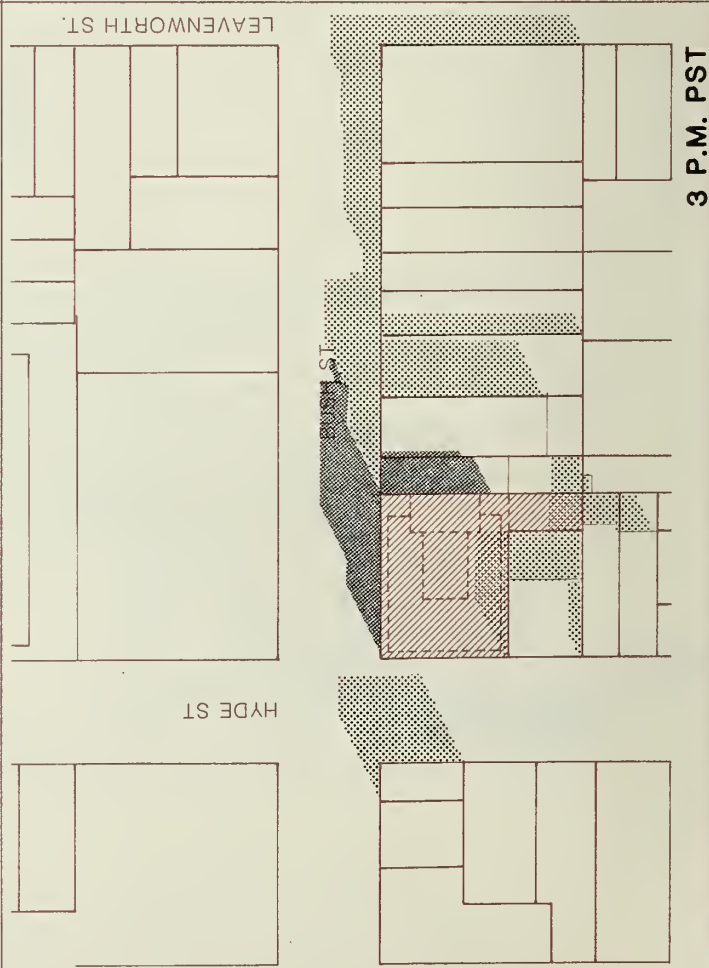
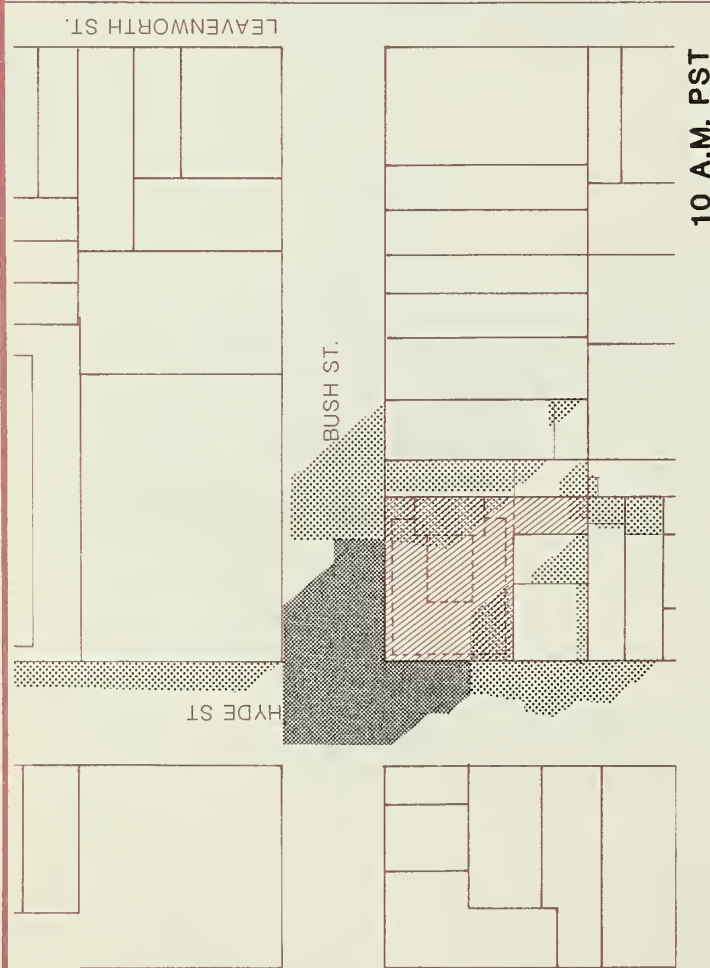
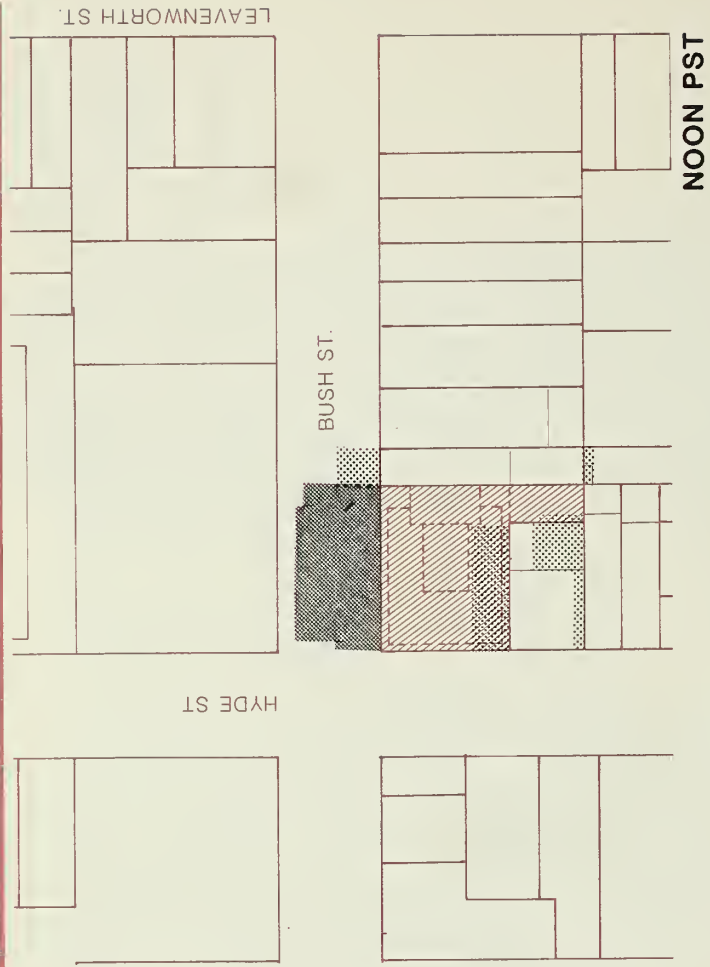


LEGEND

-  EXISTING SHADOW
-  NET NEW PROJECT SHADOW
-  MEDICAL BUILDING SITE



• FIGURE 21
MEDICAL BUILDING SHADOW
PATTERNS - DECEMBER 21



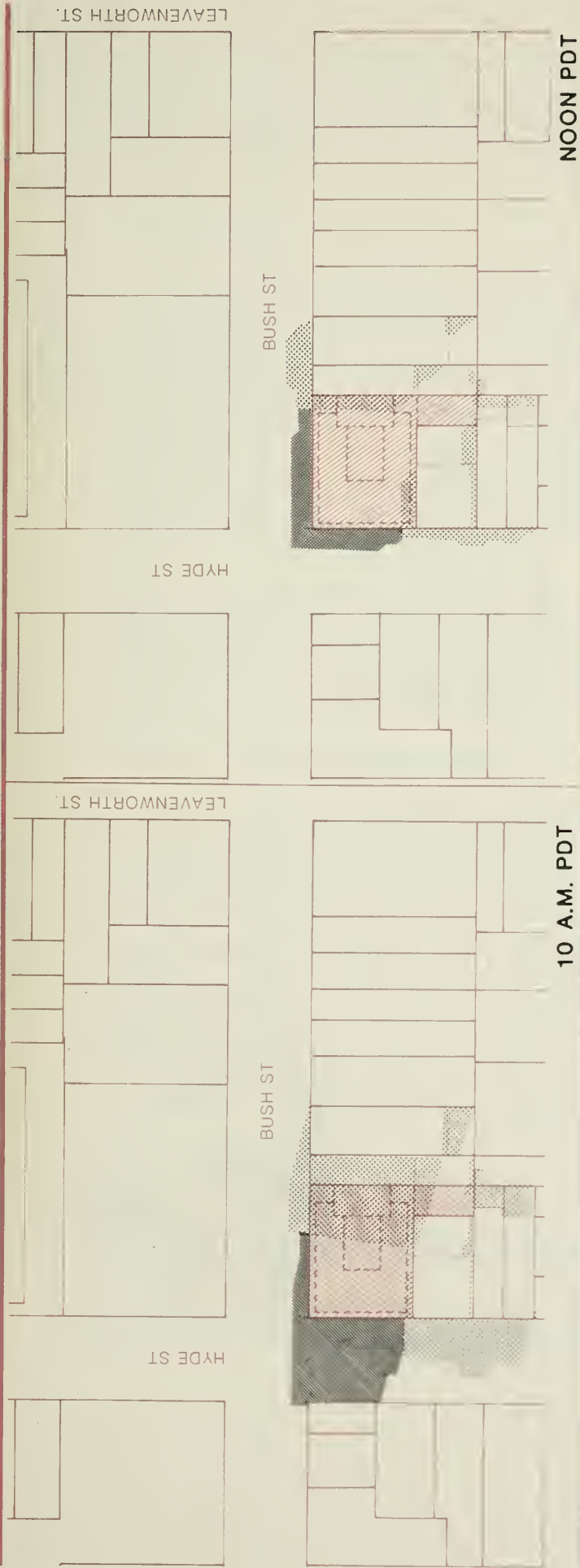
LEGEND

- EXISTING SHADOW
- NET NEW PROJECT SHADOW
- MEDICAL BUILDING SITE






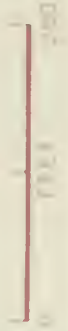
● **FIGURE 22**
MEDICAL BUILDING SHADOW
PATTERNS - MARCH 21

SOURCE: ESA



LEGEND

-  EXISTING SHADOW
-  NET NEW PROJECT SHADOW
-  MEDICAL BUILDING SITE



• FIGURE 23
MEDICAL BUILDING SHADOW
PATTERNS - JUNE 21



new shadow from the addition would shade a sliver of the adjacent rooftop to the west and portions of three rear yards to the north. At 3:00 p.m., the addition would add new shadow to portions of three rear yards adjacent to the site to the north and east.

Proposition K

In June, 1984, the voters of the City and County of San Francisco approved Proposition K, the Park Shadow Ban initiative ordinance prohibiting the issuance of building permits for structures that would shade property under the jurisdiction of or designated to be acquired by, the Recreation and Park Department unless the City Planning and Recreation and Park Commission determine that such shade would have an insignificant adverse impact on the use of such property. A shadow fan has been prepared for the medical building site showing the maximum extent of project shadow./2/

There would be no new shadows cast from the proposed project on the Sgt. John Macanlay Park (at O'Farrell and Larkin Sts.) at anytime; this is the closest public open space to the medical building which is under the Parks and Recreation Department jurisdiction.

- Shadows on Medical Building Garden

The outdoor garden at the rear of the proposed medical building would not be shaded by the medical building at any time during the year. However, the garden would be shaded at various times by existing adjacent buildings. The garden would be partially shaded at 10 a.m. and noon on December 21st. A portion of the garden would be shaded at 10 a.m. and at noon, and about half would be shaded at 3 p.m., on March 21st. On June 21st, a portion of the garden would be shaded at 10 a.m. and 3 p.m.; at noon, the garden would not be shaded. On September 21st, the rear half of the garden would be shaded at 10 a.m. and at 3 p.m., while at noon a sliver of shadow would be cast on the rear of the garden.

NOTES - Shadows

/1/ The shadow diagrams for the parking garage addition are on file and can be reviewed at the Department of City Planning, 450 McAllister Street, San Francisco, California.

/2/ This shadow fan is on file and can be reviewed at the Department of City Planning, 450 McAllister Street, San Francisco, California.

D. TRANSPORTATION, CIRCULATION AND PARKING

DEMOLITION, EXCAVATION AND CONSTRUCTION TRAFFIC/1/

During the estimated 21-month construction period, truck movements to and from the sites during sites clearance, demolition, excavation, and construction activities would affect area traffic operations. In the project phasing, the parking garage addition would be constructed first; construction of the medical building would begin after the parking garage addition is finished. Foundation preparation and seismic reinforcement of the existing garage structure would take about eight weeks, during which time one level of the 150-car garage would be closed at a time; this would temporarily increase demand for

- available on- and off-street parking spaces in the project area. At the end of this eight-week period, both of the existing levels of the garage could be re-occupied. The Hospital is investigating the availability of off-street parking spaces to accommodate garage addition construction workers' vehicles and temporarily displaced users of the existing garage, and would also offer a public transit subsidy for temporarily displaced users of the existing garage. (See mitigation measure on p. 102)

Construction activities (foundation preparation, steel erection and finishing) for the garage addition would require about 20 weeks; the number of deliveries would average three round trips (six movements) per day, with a maximum of six deliveries (12 movements) per day. Full occupancy of the garage addition would be available by about 20 weeks after start of construction. This would provide a net increase of 205 parking spaces to the area since no additional demand would have yet been generated by the medical building under construction.

Construction of the medical building would take about 16 months. The surface lot on the site would be permanently closed at the time of site clearance and excavation. The vehicles currently parked on the lot (a peak of 55 vehicles) would be parked in the parking garage addition during this 16-month period. There also would be temporary parking demand by construction workers' vehicles; there would be no on-site area for these vehicles to park. A mitigation measure has been included to provide parking spaces in the parking garage addition for construction workers' vehicles.

Construction activities for the medical building would generate an average of eight round trips, with a maximum of 12 deliveries per day during steel erection and finishing of the medical building.

Construction truck access to the sites would be along Pine St. for the garage addition, and Hyde St. for the medical building. During the construction period, the sidewalks fronting the project sites, Pine, Hyde and Bush Sts., would be closed. The curb lane on each of these streets would also be closed to provide a pedestrian detour. Closure of the Pine St. curb lane would temporarily displace two parking spaces. Closure of the Hyde St. curb lane would temporarily displace four metered parking spaces. The Bush St. curb lane in front of the medical building site is currently a bus stop for the 27-Bryant. The

- displacement of this stop for the pedestrian detour would interfere with passengers wishing to use the stop. Lane and sidewalk closures are subject to review and approval by the Department of Public Works. Bus stop closures and relocations are subject to review and approval by the Municipal Railway.

The probable haul route to the sites would be I-280 to Sixth St. to Taylor St. to Pine St. and Hyde St. Trucks exiting the sites would be expected to use Pine, Hyde, Golden Gate and Sixth Sts. to reach the I-280 ramps. The probable disposal site would be in San Mateo County.

The traffic generated by construction workers would also have impacts on local intersections. Both the traffic and parking impacts would occur in proportion to the number of construction workers who would arrive by automobile.

The impact of construction truck traffic would be a lessening of the capacities of access streets and haul routes because of the slower movements and larger turning radii of trucks. Any truck traffic from 7:00 a.m. to 9:00 a.m. or from 4:00 p.m. to 6:00 p.m. would coincide with peak period traffic.

Construction of the addition (one level) to the Pierotti Pavilion began in September, 1986 and will last about 12 months. The exterior construction activities would take about three months, with nine months for the interior activities. Foundation preparation and seismic reinforcement of the Pine St. garage would begin in July, 1987, and excavation of the medical building site would begin about six months later, or January, 1988. While the Pierotti Pavilion construction would generate transportation impacts (truck traffic and construction workers' traffic), impacts (including heavy equipment movements, temporary lane closures, and temporary loss of on-street parking spaces) associated with exterior construction activities would be completed, as would the interior work, prior to the start of work on the Pine St. garage. The staggered starting dates of the three new construction projects would reduce the cumulative construction impacts, although the time period of construction impacts would be prolonged by the extended schedule (September 1986 to July 1989).

PROJECT IMPACTS

Travel Demand

Travel demand for the medical building is based on information obtained from questionnaire surveys of office managers, physicians, office staff and patients in the existing 909 Hyde St. medical building/2/, retail land use generation rates/3/, and the assumption that the proposed medical building would exhibit the same trip generation,

modal split and origin/destination characteristics as the existing 909 Hyde St. medical building./4/ While the hospital employees, outpatients and visitors were surveyed as part of the analysis, the results were not used to estimate the travel demand from the project, because the operation of a hospital differs greatly from that of a medical building; e.g., 24-hour staffing with shifts of varying make-up and size. The results of the survey of hospital employees, outpatients and visitors were used as baseline data for the evaluation of Transportation System Management (TSM) proposals to reduce overall parking demand from the Saint Francis Memorial Hospital facilities (see discussion on p. 76).

The assumption that the proposed medical building would have the same travel demand characteristics as the existing medical building is a conservative assumption, since the sponsor expects that some physicians currently in the 909 Hyde St. medical building would relocate their offices to the new medical building, and that the average size of the offices, in both buildings, would be larger than offices in the existing building./5/ While this expectation cannot be accurately quantified at this time; it would result in a lower number of new physicians (and associated staff and patients) in the project area, which would reduce the overall transportation impacts from the project.

The project would generate approximately 3,200 person trip-ends (pte) per weekday. Based on modal split data derived from the questionnaires, the project would generate about 2,050 vehicle trip-ends (vte) per weekday. Projected p.m. peak period and peak hour trips by mode are shown in Table 3, p. 70. Because the proposed medical building would generally have office hours from 8:00 a.m. to 5:00 p.m., the p.m. peak-hour for traffic generated by the project would coincide with the City-wide p.m. peak-hour, assumed to be 4:30 to 5:30 p.m.

Local Transit Usage

The medical building would generate about 70 new p.m. peak hour Muni trips, of which about 50 would be outbound from the project. In the p.m. peak period, there would be about 120 new Muni trips, of which about 80 would be outbound from the project. These trips include connecting trips to other transit systems, such as BART and Samtrans as well as Muni only trips. The impact of these new trips would be most noticeable on the 27-Bryant and 19-Polk lines which serve the northeast and southeast quadrants of the City, and provide connections to transit lines in the Market Street corridor. There would be about 42 outbound and about 21 inbound p.m. peak period trips on the 27-Bryant line

TABLE 3: ESTIMATED OUTBOUND TRAVEL DEMAND BY MODE FROM THE PROJECT
(pte)/a/

<u>Travel Mode</u>	<u>P.M. Peak Period/b/</u>	<u>P.M. Peak Hour/b/</u>
Drive Alone	170	90
Car/Vanpool	6	5
Muni/c/	77	50
Golden Gate Transit	6	4
Taxi	10	5
Walk	40	30
Picked Up	8	4
Other	3	2
	<u>320</u>	<u>190</u>

/a/ pte = person trip ends.

/b/ The peak hour occurs during the two-hour peak period of 4:00 p.m. to 6:00 p.m.

/c/ Includes "MUNI only" trips and "MUNI to other transit systems" trips.

SOURCE: Environmental Science Associates, Inc.

due to the project. The 1984 peak period passengers per seat (P/S) ratio for this line at the Bush/Hyde Sts. bus stop (the nearest outbound stop to the project) is 0.23/6/ (Level of Service (LOS) A). The new trips generated by the project would raise this ratio to 0.34 (LOS A). Table C-13, Appendix C, p. A-49, contains descriptions of the various Levels of Service for bus transit. The 1984 peak-period P/S ratio for the 27-Bryant at the Leavenworth/Bush Sts. bus stop (the nearest inbound stop to the project) is 0.44 (LOS A). Additional ridership from the project would increase the P/S ratio to 0.48 (LOS A). There would be about 20 outbound and about 13 inbound p.m. peak period trips on the 19-Polk line due to the project. The 1983 peak period P/S ratio for this line at the Polk/Sutter Sts. bus stop (the nearest stop to the project) is 0.82 (northbound) (LOS C) and 0.89 (southbound) (LOS C)./6/ Addition of the project p.m. peak period Muni trips would increase the P/S ratios to 0.84 (LOS C) and 0.91 (LOS C), respectively. Muni service standard for diesel and trolley coaches is a P/S ratio of 1.25, so that added project use would be within Muni's standards.

The remaining Muni trips that would be generated by the project would be split among the other ten lines that operate within three blocks of the site.

Transit Corridor Analysis

The project would contribute to increases in transit ridership in the major transit corridors leading from downtown San Francisco. Transit passengers from the project would reach major transit lines by walking from the project site or transferring from the Muni 27-Bryant. Existing peak period and peak hour transit ridership (see Table 9, p. 84) would be increased by 0.2% or less. Ridership increases of this magnitude would not be measurable against the day-to-day fluctuations in transit ridership and would not have a noticeable effect on transit levels of service.

● Project Transit Costs

Cost increases to Muni, due to increased patronage resulting from the project would be expected. The City's general fund provides for a subsidy to the Muni's operating budget. The subsidy covers the difference between Muni's costs and the revenues that Muni receives from fares and from federal and state governments and represents the cost of Muni to the City. This subsidy amounted to about 10% of the total General Fund revenues in the 1984-1985 budget. The net marginal cost (or increase in the deficit for Muni operations) per peak-hour ride was \$0.50 in 1984./6a/ The proposed project would generate about 30,240 annual peak-period outbound trips which could generate an annual cost to Muni of approximately \$15,120./6b/ The extent to which this marginal cost increase would be met by the general fund allocation to Muni is not known. State and federal funds to Muni are decreasing and the City is reviewing other options for increased revenues.

The sponsor would be required to pay a one-time Transit Development Impact Fee (TIDF) to finance the increased cost of Muni services necessitated by the project, at the rate of \$5 per gross square foot of net new office construction. Based on the \$5 rate and preliminary calculations by the San Francisco Public Utility Commission/6c/, the project would yield about \$234,145. The final determination of the TIDF for the project would be made on the basis of a more detailed review of architectural plans by the City.

Local Intersection Traffic

Project traffic would enter and exit the on-site parking garage on Hyde St. With the existing one-way street operations, inbound traffic would approach the site from either the west on Bush St. or the north on Hyde St. All outbound traffic would turn left at the garage exit and travel south on Hyde St. The majority of vehicles would then turn right onto Sutter St. to access points to the west, southwest and north of the site. This determination was made using residence location and origin of trip information obtained from the questionnaire surveys.

Traffic and parking diversion would take place as a result of the proposed additional parking spaces at the Pine St. garage. To provide conservative analysis of the traffic impacts of the Pine St. garage addition on the area's intersections, it was assumed that the vehicles that currently park in the surface lot which occupies the proposed medical building site would be displaced and would use the Pine St. garage. Also, with the net increase of parking spaces exceeding the project parking demand by 77 spaces (267 vs. 190 (see discussion on p. 74), it is expected that some existing on-street parkers who are employed at the hospital or existing medical office building would use the new spaces in the garage addition. For this analysis, it is estimated that about 35 parked vehicles would be diverted from on-street locations to the expanded garage./7/ Inbound traffic would approach the garage from the east and south via Pine St. All outbound traffic would turn right at the garage exit and travel west on Pine St. The majority of vehicles would continue on Pine St. out of the project area to access points to the west, southwest and north of the site.

No disruption to traffic or Muni operations due to vehicles queuing to enter the project garages would be expected. The enter/exit pattern at the Pine St. garage would remain as

it currently is, that is, when the peak arrivals would occur (morning), the traffic volume is low and there are no buses. Conversely, when traffic flow is heavier in the afternoon and Muni express buses run on Pine St., there would be few entering vehicles, as office hours end and employees leave. The access driveway to the medical building garage on Hyde St. would be an improvement over the current surface lot access driveway on Bush St. Bush St. carries Muni express buses in the morning, and the position of the driveway within the bus stop for the 27-Bryant can cause disruptions to bus operations when vehicles are queued across the driveway apron. These conditions would not exist on Hyde St., where the traffic volume is low in the morning, and where there are no bus routes.

- During the afternoon period, vehicles exiting the Pine St. Garage are currently affected by traffic on Pine St. and the need to wait for gaps in the Pine St. traffic stream. The additional vehicles parked in the garage, generated by the project, would increase this impact. The impact would continue, as now, to be spread over an extended period of time, as departure begins at 3 p.m. when the Hospital day shift gets off and continues until after 6 p.m. when physicians and other staff leave (see Tables C-1 and C-2, pp. A-36 and A-37 in the EIR). The traffic signal at Pine and Leavenworth Sts. creates gaps in the traffic stream when traffic is stopped by the red signal. Conflicts with Pine St. traffic would occur if cars left the garage without waiting for a gap of sufficient length. This impact could be compounded by drivers attempting to weave across the Pine St. lanes to make a left turn onto Hyde St. As previously described, the majority of the exiting vehicles are expected to stay on Pine St. until out of the project area.
- Local traffic impacts have been assessed for the intersections of Hyde/Pine Sts., Hyde/Bush Sts., Hyde/Sutter Sts., Leavenworth/Pine Sts., and Leavenworth/Bush Sts. Traffic operations at these intersections, existing and existing plus the proposed project, are shown in Table 4, p. 73. The traffic that would exit from both the medical building and Pine St. garages, during the p.m. peak hour, would raise the volume-to-capacity (V/C) ratio at the Hyde St. intersections, but would not change the levels of service. The traffic using the Leavenworth St. intersections, during the p.m. peak hour, would decrease due to the elimination of the surface parking lot on the proposed Medical Building site, and its driveway on Bush St. The traffic reduction would not affect the V/C ratio or levels of service. The traffic that would enter both the medical building and Pine St. garages, during the a.m. peak hour, would raise the V/C ratio at the Bush St. intersections, but would not change the levels of service.

Local Intersection Traffic

Project traffic would enter and exit the on-site parking garage on Hyde St. With the existing one-way street operations, inbound traffic would approach the site from either the west on Bush St. or the north on Hyde St. All outbound traffic would turn left at the garage exit and travel south on Hyde St. The majority of vehicles would then turn right onto Sutter St. to access points to the west, southwest and north of the site. This determination was made using residence location and origin of trip information obtained from the questionnaire surveys.

Traffic and parking diversion would take place as a result of the proposed additional parking spaces at the Pine St. garage. To provide conservative analysis of the traffic impacts of the Pine St. garage addition on the area's intersections, it was assumed that the vehicles that currently park in the surface lot which occupies the proposed medical building site would be displaced and would use the Pine St. garage. Also, with the net increase of parking spaces exceeding the project parking demand by 77 spaces (267 vs. 190 (see discussion on p. 74), it is expected that some existing on-street parkers who are employed at the hospital or existing medical office building would use the new spaces in the garage addition. For this analysis, it is estimated that about 35 parked vehicles would be diverted from on-street locations to the expanded garage./7/ Inbound traffic would approach the garage from the east and south via Pine St. All outbound traffic would turn right at the garage exit and travel west on Pine St. The majority of vehicles would continue on Pine St. out of the project area to access points to the west, southwest and north of the site.

No disruption to traffic or Muni operations due to vehicles queuing to enter the project garages would be expected. The enter/exit pattern at the Pine St. garage would remain as

it currently is, that is, when the peak arrivals would occur (morning), the traffic volume is low and there are no buses. Conversely, when traffic flow is heavier in the afternoon and Muni express buses run on Pine St., there would be few entering vehicles, as office hours end and employees leave. The access driveway to the medical building garage on Hyde St. would be an improvement over the current surface lot access driveway on Bush St. Bush St. carries Muni express buses in the morning, and the position of the driveway within the bus stop for the 27-Bryant can cause disruptions to bus operations when vehicles are queued across the driveway apron. These conditions would not exist on Hyde St., where the traffic volume is low in the morning, and where there are no bus routes.

- During the afternoon period, vehicles exiting the Pine St. Garage are currently affected by traffic on Pine St. and the need to wait for gaps in the Pine St. traffic stream. The additional vehicles parked in the garage, generated by the project, would increase this impact. The impact would continue, as now, to be spread over an extended period of time, as departure begins at 3 p.m. when the Hospital day shift gets off and continues until after 6 p.m. when physicians and other staff leave (see Tables C-1 and C-2, pp. A-36 and A-37 in the EIR). The traffic signal at Pine and Leavenworth Sts. creates gaps in the traffic stream when traffic is stopped by the red signal. Conflicts with Pine St. traffic would occur if cars left the garage without waiting for a gap of sufficient length. This impact could be compounded by drivers attempting to weave across the Pine St. lanes to make a left turn onto Hyde St. As previously described, the majority of the exiting vehicles are expected to stay on Pine St. until out of the project area.
- Local traffic impacts have been assessed for the intersections of Hyde/Pine Sts., Hyde/Bush Sts., Hyde/Sutter Sts., Leavenworth/Pine Sts., and Leavenworth/Bush Sts. Traffic operations at these intersections, existing and existing plus the proposed project, are shown in Table 4, p. 73. The traffic that would exit from both the medical building and Pine St. garages, during the p.m. peak hour, would raise the volume-to-capacity (V/C) ratio at the Hyde St. intersections, but would not change the levels of service. The traffic using the Leavenworth St. intersections, during the p.m. peak hour, would decrease due to the elimination of the surface parking lot on the proposed Medical Building site, and its driveway on Bush St. The traffic reduction would not affect the V/C ratio or levels of service. The traffic that would enter both the medical building and Pine St. garages, during the a.m. peak hour, would raise the V/C ratio at the Bush St. intersections, but would not change the levels of service.

Pedestrian Movements

Pedestrians would enter or leave the proposed medical building through an entrance on Bush St., which would provide access to the lobby, and the elevators and stairs serving the upper floors and the parking garage. Entrances to the ground floor retail space would be provided from both the medical building lobby and from a separate entrance on Bush St.

Approximately 115 new pedestrian trips would be generated by the medical building employees, patients and retail patrons during the p.m. peak hour, about 80 of which would be outbound. The majority of these trips would be to and from nearby bus stops; others would be trips to and from nearby residential locations. There would also be pedestrian trips generated by physicians walking between the medical building and the hospital. This number cannot be quantified because of uncertainty as to physicians' schedules for hospital-patient consultations during medical office hours. The proposed underground parking garage would eliminate a portion of automobile-oriented pedestrian trips, as

TABLE 4: PROJECTED PEAK HOUR INTERSECTION VOLUME-TO-CAPACITY RATIOS (V/C) AND LEVELS OF SERVICE (LOS)/a/

<u>Intersection</u>	<u>1985/b/</u>		<u>1985 Plus Project</u>		<u>2000/c/</u>	
	<u>V/C</u>	<u>LOS</u>	<u>V/C</u>	<u>LOS</u>	<u>V/C</u>	<u>LOS</u>
<u>P.M. Peak Hour</u>						
Hyde & Pine Sts.	0.81	D	0.82	D	0.85	D
Hyde & Bush Sts.	0.58	A	0.59	A	0.62	B
Hyde & Sutter Sts.	0.52	A	0.55	A	0.58	A
Leavenworth & Pine Sts.	0.83	D	0.83	D	0.87	D
Leavenworth & Bush Sts.	0.58	A	0.58	A	0.63	B
● <u>A.M. Peak Hour</u>						
Hyde & Bush Sts.	0.75	C	0.76	C	0.81	D
Leavenworth & Bush Sts.	0.69	B	0.70	B	0.75	C

/a/ Level of Service descriptions and relationship to V/C ratios are shown in Table C-13, Appendix C of this report.

/b/ Based on 1983 Cordon Counts taken by JHK and Associates for the Department of Public Works, City and County of San Francisco, March-June 1983.

/c/ See discussion of cumulative impacts on p. 79.

SOURCE: Environmental Science Associates, Inc.

vehicles would be accessed from inside the building. A mitigation measure included as part of the project is to reserve 60 spaces in the medical building garage for short-term parkers (patients, visitors, retail shoppers).

The sidewalks adjacent to the project sites would continue to operate in the open range during the p.m. and noon peak hour, with the exception of the Bush St. sidewalk which would be in the unimpeded range. The latter is characterized by mostly free selection of speed and direction, with only minor conflicts between pedestrians./8/

OFF-STREET PARKING AND LOADING REQUIREMENTS AND DEMAND

Parking

Parking demand was projected for the proposed medical building on the basis of the estimated vehicle traffic generated by the project and the arrival/departure patterns exhibited by users of the existing medical building. The medical office and retail land

uses at the project would create a demand for about 110 long-term parking spaces and about 80 short-term spaces, an equivalent daily demand of about 190 spaces. This peak demand would occur at about 2:00 to 2:30 p.m.

The project would provide a net increase of 267 new valet parking spaces, which would leave an estimated excess over demand of 77 spaces during the peak period after subtracting the estimated parking demand of the medical building.

The estimated increase of 77 spaces in the medical building and Pine St. garages would exist at the time of maximum parking demand, at 2:00–2:30 p.m. As the afternoon progresses, there would be fewer patient appointments, and the medical building staff would begin to leave work. By 6:00 p.m., the parking demand by medical building users would decrease to about 50 spaces, resulting in an estimated surplus of 217 spaces in the medical building and Pine St. garages.

Table 5, p. 75, shows off-street parking requirements of the proposed medical building and garage addition sites based on the current City Planning Code standards. It also shows the number of off-street parking spaces that would be provided by the project. As shown in Table 5, the project would require a total of 207 spaces; the project would provide 322 spaces, 115 more than required by the Code.

According to the City Planning Code, 155 parking spaces would be required for the project; 117 would be provided in the Medical Office Building. The remaining required spaces (38) would be provided in the Pine St. parking garage (which is within a walking distance of 800 ft. of the proposed Medical Office Building). Conditional Use authorization would be necessary to provide these spaces in the garage instead of on-site (City Planning Code Section 159 (c)). The hospital is required to replace 52 of the existing spaces on the parking lot (32 spaces for the existing Pierotti Pavilion and 20 spaces for the one additional level currently under construction – as the three additional proposed levels are completed the hospital must provide about 20 spaces per level – a total of 79 spaces were required for the four-level Pierotti Pavilion addition). The project as a whole would provide more than 150% of the required number of spaces; spaces in addition to the 150% allowed as an accessory use would require Conditional Use authorization (City Planning Code Sections 204.5(c) and 157). Conditional Use authorization would also be required for parking which does not meet the requirements for accessory parking in an RC-4 District (209.7 (c)).

TABLE 5: PROJECT PARKING REQUIREMENTS

<u>Land Use (occupied floor area)</u>	<u>Code Requirement</u>	<u>Number of Proposed New Spaces</u>
Medical Building		
Medical Offices (45,460 sf)/a/	151.5	117
Retail (1,774 sf)/b/	3.5	0
Parking Garage Addition (Net Increase)	N/A	205
Replacement Parking (Self-Park Spaces)	52 /c/	N/A
TOTAL	207	322

/a/ Medical offices and Lab/therapy space: one space for each 300 square feet of occupied floor are per Section 151 of the City Planning Code.

/b/ One space for each 500 square feet of occupied floor area per Sections 151 and 153 of the City Planning Code.

/c/ The Hospital is required to replace the number of spaces required in CU76.9 (Pierotti Pavilion), which in 1976 established the parking-space requirement for the Hospital's construction at that time, i.e., the 32 self-park spaces on the medical building site surface lot for the now existing Pierotti Pavilion, and about 20 spaces for each of four additional floors in the Pierotti Pavilion. The current construction of only one additional floor would require a total of 52 replacement parking spaces.

SOURCE: Department of City Planning, City Planning Code Sections 151 and 153, and Heller and Leake, Architects

Location of parking for the approved additional three levels of the Pierotti Pavilion will be decided upon by the hospital prior to the start of construction of those levels.

On-street parking spaces are more than fully used, with a peak occupancy of 112% and an average afternoon occupancy of 104% (see Figure 16, p. 42 and Appendix C, p. A-46). At the time of peak occupancy, the number of parked vehicles in the parking survey area is 125 more than the number of legal spaces available within the area. Employee survey data indicated about 135 staff members at Saint Francis Memorial Hospital and at the 909 Hyde medical building use on-street parking spaces. Field observations indicate a practice of long-term meter parking by "feeding the meter". The parking capacity of the proposed medical building and Pine St. garage addition (both valet parking) would accommodate all parking demand generated by the medical building and could reduce on-street demand if the hospital and existing medical building staff used the additional

spaces in the parking garage addition. However, with the proposed number of net new off-street parking spaces (267) exceeding the estimated demand (190) by less than the amount of excess demand for on-street parking, and the ease with which less costly long-term meter parking is achieved, most staff members currently parking on-street, would probably continue to use on-street spaces. For this analysis, it is assumed that about 25% of the staff members who currently park on the street (35 vehicles) would shift into the garages./7/

Parking Demand Reduction Through Transportation System Management (TSM) Program

Appendix C, p. A-35 contains a description of the Hospital's programs related to transportation management. TSM programs are measures taken by building management and/or governmental agencies to maximize the efficiency of existing transportation systems. In general, this involves steps to shift people out of single-occupant vehicles and into transit and ridesharing.

The estimated parking demand is based on the new medical building users having the same modal split characteristics of the existing medical office building users, and the hospital users' modal split remaining the same. If Saint Francis Memorial Hospital succeeded in increasing the number of staff members using transit and carpools as their travel mode to work, total parking demand would be reduced. Table 6 summarizes the existing modes of travel for physicians, nurses, other staff, patients and visitors for the hospital and the existing medical building at 909 Hyde St.

To evaluate the effects that a successful program would have on parking demand, two different scenarios were analyzed. The first was to maximize the shift out of single-occupant automobiles (hereinafter referred to as the "maximum scenario"); the second scenario was at an intermediate level, one-half of the maximum scenario (hereinafter referred to as the "intermediate scenario"). To arrive at a reasonable maximum shift, it was assumed that San Francisco residents would be more likely to shift away from single-occupant vehicles than residents of the surrounding counties. This was based on the higher level of transit availability and the existing high level of transit use in San Francisco, and the factor of time savings achieved by driving to work that becomes more important to workers who commute longer distances.

The maximum scenario for Hospital/medical building (existing and proposed) employees living in San Francisco was to eliminate one-half of the single-occupant vehicles, and

TABLE 6: EXISTING MODAL SPLIT FOR SAINT FRANCIS MEMORIAL HOSPITAL AND 909 HYDE ST. MEDICAL BUILDING

<u>Travel Mode</u>	<u>Physicians/b/</u>	<u>Nurses/c/</u>	<u>Staff/b/</u>	<u>Patients/b/ & Visitors</u>
Drive alone	92%	53%	41%	54%
Carpool	0%	14%	9%	0%
Dropped Off/ Picked Up	0%	2%	5%	8%
Transit	3%	22%	34%	20%
Walk	4%	8%	9%	9%
Other	1%	0%	2%	8%

/a/ Based on data in Tables C-1 and C-5 in Appendix C.

/b/ Hospital and medical building.

/c/ Hospital only.

/d/ Columns may not add to 100% due to rounding.

SOURCE: Saint Francis Memorial Hospital Survey prepared and conducted by Environmental Science Associates, Inc., October 1985.

increase the number of carpoolers by 50%. This scenario would increase the transit use by San Francisco residents on staff with the Hospital (nurses from 8% to 27%, and other staff from 20% to 37%), and with the existing and proposed medical buildings (from 50% to 56%). This compares to 39% transit use by the San Francisco commuting population as a whole./9/ The maximum scenario for those employees living outside of the City was based on a comparison between the existing level of transit and ridesharing use by Hospital/medical building (existing and proposed) employees, and the general population of the respective areas./9/ The higher percentage was used for each area; that is, if the employees are using transit and carpools at a higher rate than the general public in the same areas, then no increased use was assumed. If it was lower, then the maximum scenario raised the employee level to that of the general public. For the intermediate scenario, the shift out of single-occupant automobiles was one-half that achieved under

the maximum scenario; therefore the reduction in vehicle use and parking demand is likewise one-half of the maximum scenario.

- Realization of either scenario would require the active promotion of transit use and carpooling. Some of the mitigation measures included in the project, which would support vehicle – use reductions, are the assignment of a Hospital employee to be a transportation broker to develop and coordinate TSM programs, and the limitation of monthly parking to carpools and priority employees.

The results of the scenarios are as follows:/10/

<u>Scenario</u>	<u>Vehicle Use Reduction</u>	<u>Parking Demand Reduction (spaces)</u>
Maximum	23%	120
Intermediate	12%	60

The effect of these TSM-related reductions would be two-fold: (1) the proposed number of off-street parking spaces could, in theory, accommodate the excess demand for on-street parking (currently about 112%, or 125 vehicles over capacity); this would be accomplished only if drivers could be attracted away from the less-expensive (in some cases free) on-street parking (a point is reached when the increased availability of convenient parking no longer makes transit and carpooling attractive, and, in fact, increases vehicle use); or (2) the number of proposed parking spaces for the project could be reduced; see the discussion in the Alternatives to the Proposed Project section, p. 109.

Loading

Table 7, p. 79, shows daily estimated service vehicle stops and estimated average hourly service vehicle demand for the project. The project would generate about 14 service vehicles stops per day. Average hourly loading space demand for the project would be about one space per hour and peak hourly demand would be about one space.

Current City Planning Code standards (Article 1.5, Section 152, Table 5) would not require provision for an off-street loading space for the project. The project, however, would have two van parking spaces in the medical building garage, near the elevators, to be used for loading operations. Based on the experience at the 909 Hyde St. medical building, most deliveries would be made by vans. About one-third of the deliveries would be by

TABLE 7: SERVICE VEHICLE TRAVEL ATTRIBUTABLE TO THE PROJECT/a/

<u>Use</u>	<u>Space (GSF)/b/</u>	<u>Daily Stops/ 10,000 sq. ft. of GSF/b/</u>	<u>Daily Stops</u>	<u>Spaces/Hour/ 10,000 sq. ft. of GSF/b/</u>	<u>Average Spaces/ Hour</u>
Office/c/	61,475	2.1	13	0.1	0.6
Retail	1,900	3.0	<u>1</u>	0.2	<u>0.04</u>
TOTAL			14		0.6

/a/ Service vehicle travel has been included in total travel calculated for the project.

/b/ Gross square feet of floor area.

/c/ Includes medical offices and lab/therapy space.

SOURCE: Environmental Science Associates, from Center City Pedestrian Circulation and Goods Movement Study, Wilbur Smith and Associates, 1980.

larger vehicles (e.g., UPS panel trucks), which would not be accommodated in the medical building garage./11/ At these times, loading operations would occur from a curb location. Larger loading vehicles would probably park in the bus stop on Bush St. in front of the lobby entrance to the medical building (which is not permitted by City ordinance and would be subject to citation by the San Francisco Police Department or duly appointed Muni personnel), or would double-park in the closest travel lane on Bush St. This would cause interference with Muni operations and with traffic on Bush St. The bus stop there is 125 ft. long; Muni has stated that the present length of the bus stop is necessary to allow buses to complete the left turn from Hyde St. to Bush St. and to stop entirely within the bus stop without blocking through traffic on Bush St. Permanent relocation of the bus stop would not be feasible due to operational and passenger service considerations./12/ Since the impacts of large delivery vehicle's loading activities (larger delivery vehicles would be unable to fit into the medical building's garage) would be intermittent and would occur for relatively short periods throughout the day, there would not be a measurable effect on Muni operations or on the service level of the Bush/Hyde intersection.

CUMULATIVE TRAVEL IMPACTS

Localized Cumulative Traffic

The approved Pierotti Pavilion expansion will add new medical staff and will generate additional outpatient visits to the project area. The Hospital expects to hire two

full-time and one part-time physical therapists. It is assumed that patients visiting the sports medicine facilities in the Pierotti Pavilion will increase 20% the first year, ten percent for the next four years, and then level off./13/ This will total about 70 new patients per weekday, using the same trip generation rates as for the medical building for staff and patients/14/; this will total about 152 daily person trip-ends, 12 by staff members and 140 by patients.

Based on the assumption that the new patients and staff (in the Pierotti Pavilion) will exhibit the same modal split and origin/destination characteristics as the medical building patients and staff,/13/ approximately 106 daily vehicle trip-ends (vte) will be generated, 20 vte during the peak period and ten vte during the peak hour. Parking demand generated by the one-level Pierotti Pavilion expansion is estimated to be six spaces, four for short-term parking and two for long-term parking. The projected net increase in off-street parking spaces under the proposed project would accommodate this demand. The required number of parking spaces for the one-level addition, as per CU76.9 (see Table 5, p. 75), is 20 spaces. This requirement would be fulfilled by the number of parking spaces that the project would provide.

There are no other projects within an approximately 1,000-foot radius of the site currently on file with the Department of City Planning.

Future traffic operations at intersections in the project vicinity are shown in Table 4, p. 73. For the year 2000 projections, 1983 traffic volumes were increased by an 11% average growth factor based on the Downtown Plan EIR traffic analysis./15/ The growth factor represents a conservative, unrestrained auto demand condition for street traffic in the downtown and, as such, is probably higher than actual traffic growth may be in the future in the downtown. The Downtown Plan EIR projections included growth in the site area, but did not assign site traffic to specific turn volumes. Therefore, the average growth was compared with traffic which the project and other projects in the area, would add at specific locations. The greater traffic increase was used at each location to provide a conservative estimate of future traffic volumes. Intersection operations in the project vicinity would still be acceptable even with future traffic growth. With the addition of project traffic, intersections in the project vicinity would still operate at Level of Service D or better.

Regional Freeway Traffic

Analysis of traffic conditions at the regional screenlines has been conducted for both the p.m. peak hour and the two-hour p.m. peak period. A.m. peak traffic conditions at the regional screenlines have the effect of metering the amount of traffic that reaches the downtown from outside of the City. P.m. conditions are usually most severe on both freeways and streets within San Francisco, whereas a.m. peak conditions are most severe at locations outside of the City. This analysis has therefore considered p.m. peak conditions as most critical to the quality of flow on downtown streets.

The regional freeway system that serves San Francisco is an extensive network of roadways that also provides service to most of the major urban centers in the Bay Area. Consequently, there are many areas of commute-related congestion, some of which may experience worse conditions than at the screenlines analyzed in the Downtown Plan EIR and in this document. As noted in the Downtown Plan EIR, the screenlines were selected on the basis of their relationship to travel leaving San Francisco and thus, by their definitions, the screenlines are points of maximum effect of travel from San Francisco; at points further removed from the screenlines, San Francisco travel would be a lesser percentage of the total and thus the overall effects of San Francisco travel would be less than at the screenlines.

Traffic demand at the regional screenlines in 1984 (see Table 8, p. 82) during the p.m. peak hour was found to use between 90% and 100% of the available capacity on the freeways and bridges. Although the capacity of the Bay Bridge is calculated to be 9,000 vehicles per hour (vph), the 1984 peak-hour demand shown in Table 8 represents the effective capacity. The demand figures shown in Table 8 for 1984 for the one-hour and two-hour periods are averages of several days; thus, values for individual days may be different from the average.

Peak-hour freeway operating conditions in 1984 were found to be generally in Level of Service D to E conditions which would indicate unstable flows in the 35 mph to 45 mph range. Table C-15, Appendix C, p. A-51, shows the Level of Service for freeway operations. Peak-of-the-peak conditions within the peak hour would be expected to be worse than the hourly conditions because of surges in traffic demand during the peak hour. Conditions during the peak-period at the screenlines would be similar to those experienced during the peak-hour.

TABLE 8: OUTBOUND REGIONAL AUTO DEMAND

<u>Regional Auto Corridor</u>	<u>Capacity/a/</u>	<u>1984</u>	<u>2000</u>	<u>Project Percent</u>
		<u>Volume/b/</u>	<u>Demand</u>	
<u>P.M. Peak Hour</u>				
Bay Bridge (I-80)	9,000	8,540	9,790	0.1
Golden Gate Bridge (US-101)	7,200	6,740	7,150	0.2
US-101 (south of Harney Way)	8,000	7,390	8,400	0.2
I-280 (between Alemany Blvd. and San Jose Avenue)	8,000	7,610	8,650	0.2
<u>P.M. Peak Period</u>				
Bay Bridge (I-80)	18,000	17,880	19,330	0.1
Golden Gate Bridge (US-101)	14,400	13,870	14,850	0.2
US-101 (south of Harney Way)	16,000	14,200	16,530	0.2
I-280 (between Alemany Blvd. and San Jose Avenue)	16,000	13,620	15,890	0.2

/a/ Although the capacity of the Bay Bridge is calculated to be 9,000 vehicles per hour (vph), the 1984 peak-hour volume shown above represents the effective capacity.

/b/ The volumes for 1984 for the one-hour and two-hour periods are averages of several days and, thus, values for individual days may be different from the average.

SOURCE: Environmental Science Associates, Inc.

As shown in Table 8, demand during the peak hour in the East Bay and Peninsula corridors would be expected to increase about 15% between 1984 and 2000. Peak-hour demand in the North Bay corridor would increase by about six percent between 1984 and 2000. The project travel demand, about 165 p.m. peak-hour and 350 p.m. peak-period vehicle trip-ends, would represent about 0.1% to 0.2% of the total demand in each corridor in the year 2000. Both the East Bay and Peninsula corridors would have excess peak-hour demand that would not be met during the peak period./15/ The North Bay corridor would have excess demand in the peak period. Excess auto demand would result in either a spreading of the demand into the hours adjacent to the peak period or in increased transit and ridesharing use should additional transit service (beyond that assumed to occur by the year 2000) or ridesharing incentives be provided.

Operating conditions at the regional screenlines would be at or near capacity in Level of Service E. Traffic flow conditions would be expected to be very unstable and could experience temporary flow interruptions throughout the peak-period. Peak-of-the-peak conditions would be prevalent during the peak hour and may extend into the peak period. The overall two-hour commute period would not be expected to increase substantially in the future. Rather, the occurrence of peak-of-the-peak conditions, now less than one hour, would most likely expand to fill the one-hour peak.

Transit

The transit agencies serving downtown San Francisco carry approximately 60% of the peak-period employee work travel, as well as about 20% of the peak-period other travel. Table 9, p. 84 shows p.m. peak-hour and peak-period loadings on the local and regional transit routes. The transit analysis calculates capacity on the basis of all runs leaving the C-3 District in the p.m. peak. For all of the transit analyses, only peak direction vehicles are counted. The values shown in Table 9 are sums over the peak hour and the two-hour peak period. Within the peak hour, there would be periods of time when the loading ratios would be higher than those shown for the hour (peak-of-the peak conditions). Individual transit vehicle loadings vary on a day-to-day basis because of fluctuations in ridership (demand) and because of variations in operating conditions caused by traffic congestion, equipment availability, and/or system breakdowns.

During the p.m. peak hour in 1984, all of the transit agencies were found to be operating in Level of Service D or better, with the exception of BART transbay where conditions were found to be at Level of Service F, and Muni in the northwest and southwest corridors, where operations were found to be in Level of Service E.

P.m. peak-period conditions on transit in 1984 were found to be equivalent to or better than peak-hour conditions. In some cases, where demand remains at peak-hour levels during the two-hour period, the passengers-per-seat ratios in the two-hour period are higher than in the one-hour period. This anomaly is the result of express (or additional) service provided by transit agencies during the peak hour, but not during the entire peak period. An example of this type of operation may be seen on BART, where three extra trains operate in transbay service in the peak hour but not in the rest of the peak period. Another factor involved is the distribution of demand (ridership) at uniformly high level over the peak period.

TABLE 9: OUTBOUND REGIONAL TRANSIT DEMAND AND LEVEL OF SERVICE

Transit Agency	1984			2000			Project Percent/c/
	Riders	P/S/a/	LOS/b/	Demand	P/S	LOS	
<u>P.M. Peak Hour</u>							
Muni							
Northeast	7,100	1.16	D	8,800	1.05	D	0.1
Northwest	8,200	1.26	E	10,100	1.25	D	0.1
Southwest	13,500	1.45	E	16,600	1.42	E	0.1
Southeast	5,300	1.06	D	7,400	1.01	D	/d/
BART							
Transbay	16,100	1.53	F	27,900	1.42	E	/d/
Westbay	7,700	1.10	D	10,100	1.06	D	/d/
AC Transit	9,100	0.94	C	10,500	1.08	D	/d/
GGT Bus	5,300	1.00	C	8,500	0.91	C	/d/
GGT Ferry	800	0.57	B	1,500	0.38	A	/d/
Tiburon Ferry	200	0.40	A	300	0.60	B	/d/
Samtrans	1,900	1.12	D	3,100	1.19	D	0.1
Caltrain (SPRR)	3,100	0.61	B	4,900	0.79	C	0.2
<u>P.M. Peak Period</u>							
Muni							
Northeast	12,600	1.06	D	15,500	0.95	C	0.1
Northwest	13,100	1.13	D	15,300	1.05	D	0.1
Southwest	23,300	1.31	E	28,700	1.29	E	0.1
Southeast	9,100	1.00	C	12,100	0.88	C	/d/
BART							
Transbay	25,800	1.54	F	44,100	1.40	E	/d/
Westbay	11,300	0.80	C	14,600	0.77	C	/d/
AC Transit	14,000	0.95	C	17,000	1.16	D	/d/
GGT Bus	7,600	0.90	C	12,200	0.81	C	/d/
GGT Ferry	1,000	0.56	B	1,700	0.33	A	/d/
Tiburon Ferry	300	0.60	B	500	1.00	C	/d/
Samtrans	2,900	1.12	D	4,500	1.15	D	0.1
Caltrain (SPRR)	4,500	0.68	B	6,200	0.77	C	0.2

/a/ Passengers per Seat is the ratio of total demand to seated capacity.

/b/ Level Of Service is scale ranging from A to F that relates P/S ratios to passenger loading conditions on transit vehicles (see Table C-12, Appendix C).

/c/ The percent of demand generated by the project.

/d/ Less than 0.1 percent.

SOURCE: Environmental Science Associates, Inc.

Both transit demand and capacity have been assumed to increase during the period 1984 to 2000. Transit capacity increases for the agencies are based on the Five-Year Plans and Capital Improvement Plans of the various transit agencies; they appear in Appendix J of the Downtown Plan EIR, pp. J.25 - J.26. This material, which is summarized in Table 9, p. 84, is incorporated by reference. The future capacities were developed by applying percentage increases, expected in the future, to observed existing capacity. Thus, to the extent that the existing conditions contain (through the use of observed operations) inherent capacity reduction for missed runs, the future capacity projections have taken into account the inability of the transit systems to provide 100% of scheduled capacity. For all of the transit analyses, only peak-direction vehicles are counted.

Future transit demand and loadings for the Downtown Plan in the year 2000 are shown in Table 9, p. 84 for both the peak hour and the peak period. The transit demand from the project would represent about 0.2% or less of the total travel demand on the transit carriers in the year 2000.

NOTES - Transportation, Circulation and Parking

/1/ Construction data are from Robert Baum, Project Designer, Heller and Leake Architects, letter, November 22, 1985.

/2/ See Appendix C, p. A-39, for description of questionnaire surveys.

/3/ San Francisco Department of City Planning, Transportation Guidelines for Environmental Impact Review: Transportation Impacts, September 1983. This document describes the procedure used to calculate travel demand from different land uses. A trip generation rate of 150 pte per 1,000 gross sq. ft. of retail space was used to generate travel from the retail component of the project. The trip generation rates are for independent land uses. When used to generate travel from more than one use on the same site, the rates may overestimate total travel to the site, since a portion of the travel from each of the land uses may occur between land uses on the site and not leave the site. Such trips are referred to as "linked trips". The calculations for this project have not been discounted to account for linked trips and thus present a "worst-case" scenario. The September 1983 Transportation Guidelines are on file and available for public review at the Department of City Planning, 450 McAllister Street, Fifth Floor.

/4/ See Appendix C, pp. A-36 and A-39 to A-42 for assumed characteristics.

/5/ Lynn Adamson, Assistant Administrator, Planning and Management Services, Saint Francis Memorial Hospital, personal interview, October 3, 1985.

/6/ Dan Wong, Muni Planner, meeting, October 2, 1986. The passenger per seat ratios are based on a January 1984 survey (for the 27-Bryant) and November 1983 survey (for 19-Polk), and are determined by dividing the average number of passengers per bus by the capacity of each bus. Muni is in the process of updating these figures.

IV. Environmental Impact

- /6a/ Bruce Bernhard, Chief Financial Analyst, San Francisco Municipal Railway, telephone conversation, October 11, 1984.
- /6b/ The deficit due to the project would be 120 peak-period Muni trips per day times 252 working days per year, times \$0.50 deficit per ride equals \$15,120.
- /6c/ Leonard Tom, Administrator Transit Impact Development Fee, San Francisco Public Utilities Commission, letter, November 26, 1986.

/7/ This is based on an assumption that about 25% of the hospital and medical building staff that currently park on the street (135) would use the expanded garage. This figure is based solely on a judgment that there would be some diversion of parkers, but that it would not be too large. The figure of 25% was judged to be a reasonable estimate.

/8/ Pushkarev and Zupan, Urban Space for Pedestrians, MIT Press, 1975, Cambridge, Massachusetts.

/9/ Metropolitan Transportation Commission, Regional Transportation Plan for the Nine-County San Francisco Bay Area, 1984 Edition, pp. 15, 22 and 28.

/10/ See Table C-12, Appendix C, p. A-48 for details of scenarios.

/11/ Robert James, Associate Administrator, Saint Francis Memorial Hospital (SFMH), telephone conversation, September 26, 1986. Service vehicle activity at the 909 Hyde St. medical building was observed for a two-hour period (9:00 a.m. to 11:00 a.m.) on October 2, 1986 by Environmental Science Associates, Inc., to document the validity of this statement. The choice of time period was based on the judgment of the 909 Hyde St. building superintendent as to the busiest time for deliveries (as per Robert James, SFMH, telephone conversation, October 1, 1986).

During the two-hour period, six deliveries were made to the 909 Hyde St. building. Four were made in standard vans (about six feet in height), one in a UPS panel truck, and one in a mail truck (about eight feet in height). The mailman also went to the hospital.

/12/ Dan Wong, Muni Planner, telephone conversation, November 5, 1986.

/13/ Lois Haggerty, Director of Planning, Saint Francis Memorial Hospital, telephone conversation, March 25, 1986.

/14/ Visits to the sports medicine facility will be by appointment only, Monday to Friday from about 9:00 a.m. to 5:00 p.m.

/15/ Background reports for the Downtown Plan EIR estimated that in City's north of Market St. area, traffic volumes would grow 11% by the year 2000. The underlying growth factors derived for the Downtown Plan EIR assume a lower degree of mitigation for Downtown Plan goals. Achievement of Downtown Plan goals would greatly reduce these impacts.

/16/ Downtown Plan EIR, Vol. 1, Table IV.E.4, p. IV.E.36, contains discussion of the implications of excess demand at the regional screenlines.

E. AIR QUALITY

Upon completion, the project would affect air quality in two ways. Emissions would be generated by project-related traffic, and by combustion of natural gas for building space and water heating. Transportation sources would account for over 95% of project-related emissions.

Table 10 on p. 88 shows projected daily emissions of pollutants in 2000 from project-generated traffic, for new development in the greater downtown projected by the Downtown Plan EIR (EE81.3, certified October 18, 1984)/1/, and total emissions projected for the entire Bay Area in 2000 by the 1982 Bay Area Air Quality Plan. The project would contribute about 5.3% to the emissions generated by new development in the greater downtown in 2000.

Nitrogen oxides (NOx) and hydrocarbons (HC) are both chemical precursors of ozone. Motor vehicles emit more NOx than HC, and the emissions from building natural gas combustion would consist primarily of NOx. As demonstrated by the LIRAQ (Livermore Regional Air Quality model) regional ozone computer simulations conducted for the 1982 Bay Area Air Quality Plan, an increase in the future NOx emissions compared to HC emissions would lead to a decrease in ozone compared to present levels. This model has also shown that Bay Area ozone concentrations are expected to be within the federal standard in 1987, and thereafter. As future NOx emissions from cumulative development in San Francisco would exceed future HC emissions, this development would not lead to an increase in total Bay Area ozone concentrations.

At the same time, total emissions of both NOx and HC are expected to decrease in San Francisco. Total NOx emissions would decrease in San Francisco by about two percent from 1984 to 2000, but would increase in the Bay Area by about five percent from 1984 to 2000. It is possible that excess NOx emissions generated by cumulative development (including the project) could increase ozone and/or nitrogenous oxidant concentrations further downwind, outside the Bay Area. In addition, NOx emissions generated by cumulative development (including the project) throughout the Bay Area could increase acid rain further downwind, outside the Bay Area, though to a relatively small extent due to the magnitude of the increase and to dilution over time and distance.

TABLE 10: PROJECTED DAILY POLLUTANT EMISSIONS

Pollutant	Emissions (tons per day)/a/		
	Project 2000/b/	Downtown Plan/c/ 2000	Bay Area/d/ 2000
Hydrocarbons	0.03	0.6	560
Nitrogen Oxides	0.03	0.8	492
Carbon Monoxide	0.31	6.6	2,170
Particulates	0.05	1.3	764
Sulfur Oxides	0.005	0.1	225

/a/ Project and Downtown Plan emissions calculated using BAAQMD EMFAC6C vehicle emission factors which do not take the vehicle I/M program into account. Emissions of HC, NOx, and CO include an assumed six minutes of idling time per vehicle trip. Emissions of TSP include dust distributed from roadway surfaces.

/b/ Based upon an average of 10.1 miles traveled per vehicle trip and a total of 20,572 miles traveled per day.

/c/ Incremental emissions of greater downtown development, per the Downtown Plan EIR, Vol.1, Table IV.I.2, p. IV.I.12. These values overestimate Downtown Plan emissions because I/M program has not been taken into account.

/d/ Bay Area Air Quality Management District, Air Quality and Urban Development Guidelines for Assessing Impacts of Project and Plans, page VI-6, November, 1985.

SOURCE: Environmental Science Associates, Inc.

In 2000 (according to the Downtown Plan EIR), area-wide traffic volumes in the greater downtown area would increase by about 15% over 1984 volumes; average traffic speeds would decrease by about two mph from 1984 speeds. However, in 2000 the average vehicle is expected to emit 43% less carbon monoxide (CO) than in 1984 due to ongoing state and federal emission controls.

CO concentrations at 11 representative intersections in the downtown study area, as analyzed in the Downtown Plan EIR, would decrease from 1984 to 2000. CO concentrations at 10 of the 11 intersections would be within the state and federal standards in 1990 and 2000 under the Downtown Plan. CO concentrations at one intersection (Brannan and Sixth Sts.) would continue to violate the state and federal eight-hour standards in 2000 under the Downtown Plan. However, a reanalysis of this

intersection using updated emission factors supplied by the BAAQMD, indicates that the violation would be eliminated as a result of the statewide Vehicle Inspection and Maintenance (I/M) Program, discussed further below.

The California Legislature has mandated a biennial inspection and maintenance (I/M) program which applies to most cars and light trucks in California. This program went into operation in March 1984. An annual I/M program was evaluated in the 1982 Bay Area Air Quality Plan based on the 1979 source inventory. Based on predicted reduction in hydrocarbons and CO of 25% in vehicles covered, a reduction in total motor vehicle-generated CO of about 18% would be expected. The reduction in total regional CO emissions would be about 16%. The reduction in motor vehicle-generated hydrocarbons would be about 17%; the reduction in total regional hydrocarbon emissions would be about six percent. To account for these reductions, revised emission factors have been used in the revised MLR model for this project.

Curbside CO concentrations at selected intersections that would be affected by project-generated traffic and by cumulative development traffic were projected for conservative conditions, and are compared with ambient standards in Table 11, p. 90. Although the emission factors differ from those used in the Downtown Plan EIR, these projections were calculated using the same revised version of the Modified Linear Rollback (MLR) method which was developed for the Downtown Plan EIR. By not quantifying predicted reductions from the I/M program, CO emissions were overpredicted in the Downtown Plan EIR.

The Hyde Street intersections with Pine St. and Bush St. were chosen for analysis because of their proximity to the project sites. However, most of the traffic generated by the operation of the proposed medical building would travel towards the intersection of Sutter St. and Hyde St. and so this intersection was chosen also for analysis. Carbon monoxide concentrations at any particular intersection is assumed to be proportional to the volume of traffic.

The greatest project impact is estimated for the intersection of Hyde and Sutter Sts.; CO concentrations, overall, are projected to decrease from 1984 to 2000 primarily because of the I/M program discussed above. CO concentrations at the Hyde and Pine Sts. intersection are currently in violation of the federal and state eight-hour average standard but are not projected to be in violation of current standards by 2000 as a result of on-going state and federal vehicle emission controls.

TABLE 11: EXISTING AND PROJECTED CURBSIDE CARBON MONOXIDE CONCENTRATIONS AT SELECTED INTERSECTIONS

<u>Intersection</u>	<u>Averaging Time</u>	<u>Concentrations (ppm)/a/ Downtown Plan/b/</u>	
		<u>1984</u>	<u>2000</u>
Hyde Street and Bush Street	1-hour	10.7	6.0
	8-hour	8.2	4.5
Hyde Street and Pine Street	1-hour	11.6	6.1
	8-hour	<u>9.2</u>	4.9
Hyde Street and Sutter Street	1-hour	10.3	5.6
	8-hour	7.9	4.2

/a/ Calculations for all scenarios were made using a revised version of the Modified Linear Rollback (MLR) method described in the Downtown Plan EIR. Background concentrations were calculated to be 7.4 ppm for one hour and 5.7 ppm for eight hours in 1984, and 4.2 ppm for one hour and 3.0 ppm for eight hours in 2000. Underlined values are in violation of the state or federal CO standards. The one-hour state standard is 20 ppm, the one-hour federal standard is 35 ppm, and the eight hour state and federal standards are 9 ppm. Emission rates were derived from the California Air Resources Board's EMFAC6D computer model, as published by the BAAQMD's Guidelines, November 1985. These emissions take into account the reduction in CO as a result of the ongoing statewide Inspection/Maintenance Program.

/b/ Based on the economic forecast methodology contained in the Downtown Plan EIR. The project would be contained within this forecast.

SOURCE: Environmental Science Associates, Inc.

Emissions of total suspended particulates (TSP) resulting from construction and from vehicle trips generated by the project and cumulative development would increase TSP concentrations, which could increase the frequency of TSP standard violations in San Francisco, with concomitant health effects and reduced visibility./2/

Emissions of sulfur oxides (SO_x) generated by the project and by cumulative development would not bring San Francisco's sulfur dioxide (SO_2) concentrations measurably closer to violating the standard.

The 1982 Bay Area Air Quality Plan contains strategies which consist primarily of HC and CO emission controls on stationary sources and motor vehicles, and transportation improvements, and are aimed at attaining the federal ozone and CO standards. As discussed above, emissions associated with the project and with cumulative greater downtown development under the Downtown Plan are not projected by this EIR or the Downtown Plan EIR to increase ozone concentrations, and thus would not conflict with the objectives of the 1982 Bay Area Air Quality Plan regarding ozone.

Cumulative greater downtown development has been projected by the Downtown Plan EIR potentially to result in a violation of the eight-hour CO standard at the Brannan/Sixth intersection as analyzed therein. By using the revised emission factors which account for the I/M program in the revised version of MLR contained in the Downtown Plan EIR, the City no longer predicts violations of CO standards at the Sixth and Brannan intersection or other intersections which have been modeled in the greater downtown. Based on the above, cumulative greater downtown development would not conflict with objectives of the 1982 Bay Area Air Quality Plan regarding CO.

NOTES - Air Quality

/1/ Impacts anticipated from cumulative greater downtown development have been analyzed in the Downtown Plan Environmental Impact Report (EIR), (EE81.3, certified October 18, 1984). The air quality setting and impacts discussion in the Downtown Plan EIR (Vol. 1, pp. IV.I.1-19 and ; Vol. 2, pp. O-1.9; Vol. 3, Part 1, pp. C&R-I.1-11) is summarized in the text of this EIR and incorporated by reference herein.

/2/ State particulate standards were changed in 1983 to concentrate on fine particulate matter which has been demonstrated to have health implications when inhaled. Until the State adopts a method for monitoring fine particulate matter, it is not possible to determine what proportion of TSP in San Francisco would be subject to review against the new standards, whether new standards would be violated, or what the health implications would be.

F. CONSTRUCTION NOISE

Ambient noise in the project vicinity is typical of noise levels in downtown San Francisco, which are dominated by vehicular traffic, including trucks, cars, Muni buses and emergency vehicles. Sidewalk noise measurements taken during the weekday peak commute show average noise levels of about 69 dBA on Hyde and Bush Sts. Average noise levels at the existing parking garage on Pine St. are about 75 dBA./1,2/

Construction of the medical building would take place over about 16 months and construction of the parking structure addition would take place over about five months; construction of both would increase noise levels in the surrounding areas. Construction noise levels would fluctuate depending on construction phase, equipment type and duration of use, distance between noise source and listener, and presence or absence of barriers between noise source and listener. To estimate probable noise impacts, this analysis assumes typical equipment and construction techniques.

Table 12, p. 93, shows typical exterior construction average noise levels at 50 ft., associated with the different phases of construction (see Appendix E, p. A-55, for a table of typical noise levels found in the everyday environment).

No pile driving will be required during construction of either the medical building or the parking garage addition. Interior noise levels 50 ft. from the noise source would be about 10 to 15 dBA less than those shown in Table 10. Closed windows would reduce noise levels by about 20 to 25 dBA below those shown in the table.

- Construction noise is regulated by the San Francisco Noise Ordinance (Article 29 of the City Administrative Code). The ordinance requires that sound levels of construction equipment other than impact tools not exceed 80 dBA at a distance of 100 ft. from the source. Impact tools (jackhammers, impact wrenches) must have both intake and exhaust muffled to the satisfaction of the Director of Public Works. Section 2908 of the Ordinance prohibits construction work at night, from 8:00 p.m. to 7:00 a.m., if noise would exceed the ambient noise level by five dBA at the project property line, unless a special permit is authorized by the Director of Public Works.

The Environmental Protection Element of The Master Plan for the City and County of San Francisco lists an L_{dn} value of 65 decibels as the highest noise level normally acceptable for hospitals that do not have special noise insulation. L_{dn} values represent 24-hour average noise levels and, as such, are not directly comparable to the construction-related noise levels shown in Table 10, which are noise level averages over a short time span. Nevertheless, project construction would be expected to increase ambient noise levels possibly making the noise environment less compatible with hospital uses. High noise levels can annoy people and increase the amount of stress with which they must live.

TABLE 12: TYPICAL CONSTRUCTION NOISE LEVELS (AVERAGE)

<u>Activity</u>	<u>dBA</u>
Ground Clearing	84
Excavation	89
Foundation	78
Erection	87
Finishing	89

SOURCE: Bolt, Beranek, and Newman, December 31, 1977, Noise from Construction Equipment and Operations, Building Equipment, and Home Appliances, U.S. Environment Protection Agency, p. 20.

Extremely loud noise can damage the human auditory apparatus, but at least one scientific study purports to show how even moderately high noise levels can produce sustained elevations in blood pressure without significant hearing loss./3/ Patients in a hospital setting could be more susceptible to the physiological and psychological effects of noise than average healthy individuals.

People inside the existing Saint Francis Memorial Hospital Pierotti Pavilion building would experience maximum noise levels of up to 70 dBA in rooms facing the medical building construction site, since the windows in this building cannot be opened. Residents of 1171 Bush St. and at 838 Hyde St., adjacent to the medical building site, could experience maximum noise levels of 81 dBA with windows closed and up to 89 dBA with windows open. These noise levels could interfere with speech and sleep and would normally require noise barriers to be erected between the construction noise source and the adjacent land uses. Although no piledriving would be required, the residential buildings adjacent to the medical building site could experience vibration during some of the construction activities.

The existing hospital wing located mid-block on the north side of Bush St. between Hyde and Leavenworth Sts. has operable windows; people inside the building could experience maximum noise levels of up to 67 dBA with windows closed and up to 72 dBA with windows open. These levels would impede normal speech. The 12-story Hospital tower at

the southeastern corner of Bush and Pine Sts. would experience maximum noise levels of 64 dBA when windows are closed and 69 dBA when windows are open. Windows on floors two through 11 are not operable in this building. These noise levels are considered normally acceptable in an outdoor environment, and probably would not generally interfere with indoor activities.

Residents of buildings adjacent to the parking garage addition on Pine St. would experience maximum noise levels of 81 dBA with windows closed and 86 dBA with windows open. Noise levels at the hospital across Pine St. from the garage site would reach 70 dBA with windows closed, or on floors with inoperable windows.

In summary, during the majority of construction activity, noise levels would be expected to be at or above existing levels in the area. There would be times, particularly during the operation of impact wrenches and other heavy machinery, when noise would interfere with indoor activities in neighboring land uses. Construction noise would be partially masked by noise from vehicular traffic in the vicinity, and would not be continuously audible from the building's interior.

To mitigate construction noise impacts, the project sponsor would require the contractor to muffle and shield intakes and exhausts of construction equipment, shroud or shield impact tools, and use electric-powered rather than diesel-powered construction equipment, as feasible. Also, the project sponsor would require the general contractor to construct noise barriers around the site and around stationary equipment such as compressors; these barriers could reduce construction noise by as much as five dBA. The sponsor would require the general contractor to locate stationary equipment in pit areas or excavated areas, as these areas would serve as noise barriers. Construction activities which would result in increased noise levels beyond the property lines would take place only between the hours of 8:00 a.m. to 5:00 p.m. Monday through Friday.

NOTES - Construction Noise

/1/ Noise measurements were taken on Thursday, December 5, 1985, at the bus stop on Bush St. near Hyde St. and on Pine St. in front of the parking garage.

/2/ Average noise levels, or Leq, are sound energy values that are equivalent to the fluctuating sound energies occurring over time. Sound levels are normally measured in decibel units, A-weighted, to accommodate human hearing characteristics.

/3/ Peterson, et. al., "Noise Raises Blood Pressure Without Impairing Auditory Sensitivity," Science, Vol. 211, March 1981.

G. POPULATION AND HOUSING

POPULATION

The proposed medical building would accommodate the expected growth of outpatient service space demand in the Saint Francis Memorial Hospital service community. It is expected that the office space in the proposed medical building would primarily be occupied by physicians who are affiliated with Saint Francis Memorial Hospital, and who currently occupy office space outside of existing Saint Francis Hospital facilities and medical offices. Some physicians who are newly affiliated with the Hospital could also decide to locate their offices in the proposed building./1/ Some physicians and support staff currently located in the 909 Hyde St. medical building would relocate their offices to the proposed medical building.

Removal of the surface parking lot at the medical building site would result in the displacement of four parking lot employees. Most likely these employees would be employed by Metropolitan Parking Corporation at another parking facility. Employees at the existing parking garage at the garage addition site would be retained . The proposed addition to the existing parking garage would provide employment for one additional full-time employee.

The proposed medical building would provide facilities for about 70 physicians, 135 office support staff members, 15 lab and therapy clinic staff members, six ancillary (maintenance and security) employees, and five retail service employees. Thus, the total estimated number of employees at the proposed medical building would be about 230./2/

- About 50-55 (71-79%) of the physicians who would locate in the medical building are expected to move from offices outside of the existing Saint Francis facilities (15 to 20 or 21 to 29% would move from the 909 Hyde St. building)./1/ It is probable that the estimated 26 lab and therapy, retail service, and ancillary employees would be new employees of St. Francis. It is anticipated that of the total support staff of about 120 to 140 in the new medical building, about 30 to 40 would move from 909 Hyde St. and that about 90 to 100 would be new employees. Thus, the new medical building would accommodate a total of between about 161 and 181 employees new to Saint Francis Memorial Hospital complex. It is expected that most of the vacated office space in the

909 Hyde St. medical building would be used for expansion of existing offices in the building and that no new jobs would be created in that building. If none of the

physicians or support staff moved from 909 Hyde St. and all employment in the new medical office building was new, the employment density of the neighborhood would increase by up to about 230 persons as a result of the project.

Results of a survey conducted in October, 1985 for Saint Francis Memorial Hospital indicate that about 48% of the physicians and about 68% of the support staff at the 909 Hyde St. live in San Francisco; five percent and 16% of the respective totals live in the northeastern quadrant, which includes the Hospital neighborhood/⁴/ (see Appendix C, pp. A-36-51, for a sample questionnaire and results of the survey). The survey also indicated that about 54% of the hospital support staff (nurses and other staff) live in the City, with about seven percent living in the northeastern quadrant.

The same survey indicated that about 66% of the patients visiting doctors offices at 909 Hyde St. and about 75% of those visiting outpatient services at the Pierotti Pavilion at the existing hospital come there from San Francisco, with 30% of the latter patient group coming from within the City's northeastern quadrant.³/ The patient population going to the proposed medical building would be short-term office and/or clinic visits. It is estimated that 910 patients would visit the medical building daily.⁴/ This would be a conservative estimate of the daily population increase, since it assumes that all of the patients visiting the medical building would be new patients to the project area.

HOUSING

Construction of the medical building would not require any residential demolition. There may be a desire on the part of potential employees in the proposed medical building who live in San Francisco to move from their current residence to a location closer to Saint Francis. Also, potential employees who live outside of San Francisco could desire to relocate to the City if they move into the medical building. The formula used to derive the potential estimated demand for housing generated by the proposed medical building is from the City's Office Affordable Housing Production Program (OAHPP), effective August 18, 1985. The ordinance applies only to office development projects within San Francisco involving more than 50,000 gross sq. ft. of net new office space.⁵/ The proposed medical building contains less than 50,000 gross sq. ft. of office space and is therefore not subject to OAHPP requirements; however, this formula can be used to roughly estimate housing needs generated by the office space in the proposed medical

building./5/ On the basis of the OAHPP formula, the project would generate a maximum demand for about 18 housing units.

NOTES - Population and Housing

/1/ Lynn Adamson, Associate Administrator, Planning and Management Services, Saint Francis Memorial Hospital, letter, December 4, 1985.

/2/ Projected employment figures for the proposed medical building were calculated from the following sources: Physicians and support staff: Saint Francis Memorial Hospital survey, October, 1985, conducted by Environmental Science Associates. (Results indicated 1.8 physicians per medical office, and 1.9 support staff per physician in the 909 Hyde St. medical office building.) Lab and therapy clinic staff: San Francisco Department of City Planning, Pan-Med Medical Office Building EIR, EE 78.325, certified September 4, 1980 (one employee per 1,000 gsf of lab/therapy clinic space). Retail staff: San Francisco Department of City Planning, Downtown Plan EIR, EE 81.3, certified March 16, 1984 (one retail employee per 350 gsf of retail space). Maintenance and security (ancillary) staff: Sandra Hanson, Maintenance Department, Saint Francis Memorial Hospital, telephone conversation, December 12, 1985.

/3/ For the survey, San Francisco was divided into four quadrants; the northeast encompasses the area bounded by Van Ness Ave. on the west, San Francisco Bay on the north and east, and U.S. 101/I-80 on the south.

/4/ Projected daily patient figures for the proposed medical building were calculated from Saint Francis Memorial Hospital survey, October, 1985, conducted by Environmental Science Associates (results indicated that 13 patients per day visited a physician in the 909 Hyde St. medical building).

/5/ Section 313, Ordinance 358-85, Office Affordable Housing Production Program. Number of dwelling units = additional office space in gross sq. ft. x 0.000386. The proposed medical building would contain 46,645 gross sq. ft. of office space. The 0.000386 factor is derived from a report entitled "The Economic Basis for an Office Housing Production Program in San Francisco," prepared for the Department of City Planning by Recht, Hausrath and Associates, dated July 19, 1984. The factor represents the consultants determination that there will be 386 additional San Francisco households per addition of 1 million square feet of C-3 District office space from 1981-2000.

H. GROWTH INDUCEMENT

The project would add 46,645 gsf of office space, 14,830 gsf of laboratory and therapy clinic space, 1,900 gsf of neighborhood retail use, and 267 net new parking spaces to the project area. This new construction would fulfill part of Saint Francis Memorial Hospital's 1985 Master Plan, which describes a need for additional medical services facilities within the vicinity of the existing hospital. Construction of additional levels to the Pierotti Pavilion has already been approved (CU 76.9) and will be built as the need for

such space arises, separate from the proposed project. One additional level to the Pavilion is currently under construction as of September 1986.

If marketed successfully, the project, together with any other planned development, could have growth-inducing effects by encouraging similar development on lots (including smaller lots assembled for development) currently vacant or occupied by low-rise or mid-rise buildings in the project area.

The project would result in a maximum increase of about 230 employees. The expansion of medical building space resulting from the project could result in an additional population in the area of about 910 patients daily. The additional parking spaces resulting from the parking garage addition would not generate a net increase of population in the project area.

The additional level to the Pierotti Pavilion will consist of about 24,000 gross sq. ft. of additional medical care space and about 2,000 gross sq. ft. of conference room space. The medical services (sports medicine and ambulatory surgery), which will be accommodated in the additional level are currently operating in the Pavilion and Hospital and would thus expand with the additional space. This planned expansion is not expected to result in the creation of more than three net new jobs./1/

Employment growth would not be reflected directly in increases in demand for new housing and City services to residents, as some new jobs would be held by individuals who already live and work in San Francisco; who live in San Francisco but previously were unemployed, or under-employed, or were employed outside the city; or who were employed in the City but lived outside the City because of choosing to do so or because of being unable to afford or to locate suitable housing in the city. New workers would also increase demand for housing in other parts of the Bay Area.

The net increase in employment resulting from the project would increase the demand for retail goods and services in the project area. Increases in medical office employment would also increase demand for medical supply and medical business services, to the extent that occupants of the new space would increase demand for firms providing those services. In response, demand would increase for existing space and possibly for development of new space for these services.

The project would be constructed in an urbanized area, and would not result in any required expansion to the existing municipal infrastructure to accommodate increased employment directly due to, or induced by, the project.

NOTE - Growth Inducement

/1/ Lois Haggerty, Director of Planning, Saint Francis Memorial Hospital, telephone conversation, March 25, 1986.

V. MITIGATION MEASURES PROPOSED WHICH WOULD MINIMIZE THE POTENTIAL ADVERSE IMPACTS OF THE PROJECT

In the course of project planning and design, measures have been identified that would reduce or eliminate potential environmental impacts of the proposed project. Some of these measures have been, or would be, adopted by the project sponsor or project architects and contractors and thus are proposed; some are under consideration. Implementation of some may be the responsibility of public agencies. Measures under consideration by the sponsor may be required by the City Planning Commission as conditions of project approval.

Each mitigation measure and its status are discussed below. Where a measure has not been included in the project, the reasons for this are discussed.

Mitigation measures below which are preceded by an asterisk (*) are from the Initial Study (see Appendix A, p. A-2).

VISUAL QUALITY

PROPOSED AS PART OF THE PROJECT

- *- In order to reduce obtrusive glare, the rooftop level of the parking garage would be closed after 8:00 p.m., to reduce the effects of glare from vehicle headlights on residences in the vicinity of the parking garage.
- The sponsor would place a glare shield on the rooftop level to reduce the impacts of headlights after dark.
- - The rooftop level of the parking garage addition would have plantings and trellises to screen the view of the rooftop parking from nearby residences.

TRANSPORTATION, CIRCULATION AND PARKING

PROPOSED AS PART OF THE PROJECT

- Secure and safe bicycle parking facilities would be provided in the proposed parking

V. Mitigation Measures

garage and medical building, determined by the bicycle-space demand generated by project employees, couriers, and short-term visitors, at a minimum of 17 spaces to satisfy Section 155(j), Article 1.5 of the City Planning Code.

- - The placement of paving, landscaping or structures in the sidewalk area of Bush and Hyde Sts. (subject to City approval) would be done in such a way as to minimize interference with pedestrian traffic and Muni surface operations.
- Two van-loading spaces would be provided in the medical building garage near the elevators, to be used for loading operations.
- - Signs would be posted at the entrance to the medical building parking garage, when it is full, to alert drivers to seek parking in the Pine St. garage. The attendants at the medical building and Pine St. garages would coordinate to assure that both garages are used efficiently and to their fullest maximum use, and would direct drivers to seek parking elsewhere when the queue of waiting cars could not be accommodated in the garages.
- To provide convenient parking for medical building patients and visitors, about 50% (60 spaces) of the 117 parking spaces in the medical building garage would be reserved for patient and visitor short-term parking. This would not meet the projected peak short-term parking demand of the medical building of about 80 spaces.
- Saint Francis Memorial Hospital would provide and implement an on-going Transportation Systems Management (TSM) program and on-site transportation brokerage services in accordance with guidelines set forth in the Department of City Planning's publication "Developer's Manual for the Implementation of Transportation Broker Services and Transportation Conditions," with adjustment, as necessary, for conditions specific to the Hospital, medical building and the surrounding area. As part of this TSM program, the Hospital would continue and expand its existing programs related to the transportation needs of its employees and patients (described in Appendix C, p. A-35).

- - Should Ordinance 224-81, which requires the sponsor to contribute funds for maintaining and augmenting transportation service in an amount proportional to the demand created by the project, be declared invalid by the courts, the project sponsor has agreed to participate in any subsequent equivalent mitigation measures adopted in lieu thereof that are equitable and legal, which the City adopts to apply to all developments which are similarly situated.
- The Hospital would also encourage employee carpools and vanpools in cooperation with RIDES for Bay Area Commuters by providing a central clearinghouse for carpool and vanpool information.

V. Mitigation Measures

- Monthly long-term parking spaces in the projects' garages would be limited, and would be allocated by the Hospital based on the following order of priority:
 1. Carpool and vanpool parking
 2. Physician parking
 3. Employees required to use their autos in the performance of their job.
 4. Employees for whom other modes of commuting to work are infeasible.
- - The Hospital would offer a \$5.00 per month public transit subsidy for the displaced users of the Pine St. garage during the projected two-month construction phase when one of the two current levels at a time would be inaccessible.
- Rates for carpool/vanpool parking would be adjusted so that there would be a greater incentive for carpooling.
- - During the construction period, construction truck movements would be permitted only between 9:00 a.m. and 4:00 p.m. to minimize area peak hour traffic conflicts. The project sponsor and construction contractor would meet with the Traffic Engineering Division of the Bureau of Engineering of the Department of Public Works, the Fire Department, Muni, and the Department of City Planning to determine feasible traffic mitigation measures to reduce traffic congestion during construction of the project and other nearby projects. These measures would include the relocation of the 27-Bryant bus stop that would be displaced due to the Bush St. sidewalk relocation along the project site frontage.
- The project sponsor would, in consultation with the Muni, install eyebolts or make provisions for direct attachment of eyebolts for Muni trolley wires on the proposed building wherever necessary or agree to waive the right to refuse the attachment of eyebolts to the proposed building if such attachment is done at City expense.
- The Hospital is investigating the availability of off-street parking space in other parking facilities in the Hospital vicinity to accommodate off-street parking for the parking garage addition construction workers and temporarily displaced users of the existing Pine St. garage.

- Off-street parking for the medical building construction workers and displaced users of the on-site lot would be provided in the parking garage addition, which would be completed before the start of the medical building construction.

MEASURES UNDER CONSIDERATION BY THE PROJECT SPONSOR

- Transit systems' monthly passes could be sold to employees at discounted prices in order to encourage transit use.
- Free parking could be provided for carpools and/or vanpools in order to encourage ridesharing.

MEASURES REJECTED BY THE PROJECT SPONSOR

- - During the construction period, construction truck movements could be permitted only between 9:00 a.m. and 3:00 p.m. to minimize area peak period traffic conflicts. This measure was rejected by the project sponsor because it would result in reduced hours of construction, restricting the amount of work that could be completed each day, and could lengthen the estimated 21-monthly construction period.
- One off-street loading space to accommodate large delivery trucks could be provided in the first level of the underground parking levels in the medical building. The provision of an off-street loading space for larger trucks would raise the floor- to - floor height of one of the underground parking levels in the medical building, which would, because of space limitations on the medical building site, require an access ramp at a grade of about 20% (a maximum grade of 15% is permitted under Section 902 C (3) of the Building Code.) Due to space limitations within the parking levels for the large truck maneuvering, large delivery trucks would have to back into the medical building garage, resulting in conflicts with through traffic on Hyde St.
- To maximize availability of convenient parking for medical building patients and visitors, at least 65% (76 spaces) of the 117 parking spaces in the medical building garage could be reserved for short-term parking by patients and visitors. In the project sponsors' opinion, at least 57 parking spaces in the medical building garage must be reserved for the physicians anticipated in the new building, in order that the medical office space would be attractive to the new physicians.
- Parking rates could favor short-term parking and discourage all-day parking. The garages' rate structure could be set in consultation with the Department of City Planning prior to operation and reviewed periodically as part of the Saint Francis

Hospital TSM program. The existing parking fee subsidy program for day-shift employees could be phased out gradually. The project sponsor believes that their parking fee structure is the optimum for their facilities. The project sponsor also believes that removing the fee subsidy would be unfair to employees.

AIR QUALITY

PROPOSED AS PART OF THE PROJECT

- *- The sponsor would require the general contractor to maintain and operate construction equipment in such a way as to minimize exhaust emissions. During construction, trucks in loading and unloading queues would turn off their engines to reduce vehicular emissions.
- Mitigation measures identified for traffic impacts would also mitigate air quality impacts. Reducing vehicular traffic through increased ridesharing (carpool, vanpool, and transit) would reduce local and regional emissions of all pollutants.
- *- During excavation, unpaved demolition and construction areas would be wetted down with water to reduce dust emissions; two wettings per day with complete coverage would reduce particulate emissions (dust) by about 50%.

NOISE

PROPOSED AS PART OF THE PROJECT

- *- As recommended by the Environmental Protection Element of the San Francisco Master Plan, an analysis of noise reduction measures would be prepared by an acoustical engineer for the project sponsor and presented to the Department of Public Works and City Planning before issuance of permits for new building construction by the Central Permit Bureau. Recommended noise insulation features, including inoperable windows and climate control for office space, would be part of the proposed project as necessary to reduce noise levels to those required by State law or recommended in the Master Plan.
- The project sponsor would require the project contractor to muffle and shield intakes and exhaust, shroud or shield impact tools and use electric-powered, rather than diesel-powered construction equipment, as feasible, so that noise would not exceed limits stated in the City's Noise Ordinance (Article 29, San Francisco Administrative Code, 1972).

- The project sponsor would require the general contractor to construct barriers around the site and stationary equipment such as compressors, which would reduce construction noise by as much as five dBA, and to locate stationary equipment in pit areas or excavated areas as these areas would serve as noise barriers.
- - The project sponsor would require the general contractor to limit construction activities which would result in increased noise levels beyond the property lines to between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday.

GEOLOGY/TOPOGRAPHY

PROPOSED AS PART OF THE PROJECT

- *- A detailed foundation and structural design study would be conducted for the buildings by a California-licensed structural engineer and a geotechnical consultant. The project sponsor would follow the recommendations of these studies during the final design and construction of the project.
- *- If dewatering were necessary, groundwater pumped from the site would be retained in a holding tank or some comparable alternative to allow suspended particles to settle, if this is found necessary by the Industrial Waste Divisions of the Department of Public Works. This would reduce the amount of sediment entering the storm drain/sewer lines.
- *- Should dewatering be necessary, a lateral and settlement survey would be done to monitor any movement or settlement of surrounding buildings and adjacent streets. As part of the survey, the Department of Public Works would require that a Special Inspector (as defined in Article 3 of the Building Code) be retained by the project sponsor to perform this monitoring. Groundwater observation wells would be installed to monitor the level of the water table and other instruments would be used to monitor potential settlement and subsidence. If, in the judgement of the Special Inspector, unacceptable subsidence were to occur during construction, groundwater recharge would be used to halt this settlement. The project sponsor would delay construction if necessary. Costs for the survey and any necessary repairs to service under the street would be borne by the project sponsor.

Construction design of the walls and floors of the subsurface parking levels of the medical building would include installation of a backdrain to reduce hydrostatic pressure from groundwater on these structural elements. This drain would connect to a pipe, which would slope downward toward the southwest corner of the site, and

would connect with the Hyde Street sewer. A drainage system would also be incorporated on top of the foundation mat, to collect any water which could seep through the mat.

- *- During construction, the contractor would sweep streets adjacent to the construction site mechanically or by hand to prevent siltation of storm drains and generation of dust. The contractor also would confine construction equipment, maintenance, and refueling activities to locations where potential petroleum spillage could be contained.

HAZARDS

PROPOSED AS PART OF THE PROJECT

- *- An evacuation and emergency response plan would be developed for the medical building by the project sponsor or building management staff, in consultation with the Mayor's Office of Emergency Services, to insure coordination between the City's emergency planning activities and the project plan, and to provide services to building occupants in the event of an emergency. The emergency plan of the proposed building would be reviewed by the Office of Emergency Services and implemented by building management insofar as possible before issuance by the Department of Public Works of final building occupancy permits.
- *- To expedite implementation of the City's emergency response plan, the project sponsor would prominently post information for occupants of the medical building concerning what to do in the event of a disaster.

CULTURAL RESOURCES

PROPOSED AS PART OF THE PROJECT

- *- The sponsor would retain the services of a qualified historical archaeologist. The Environmental Review Officer (ERO) in consultation with the President of the Landmarks Preservation Advisory Board (LPAB) and the archaeologist would determine whether the archaeologist should instruct all excavation and foundation crews on the project site of the potential for discovery of cultural and historic artifacts, and the procedures to be followed if such artifacts are uncovered.

V. Mitigation Measures

- *- An historical archaeologist would be present during site excavation and would record observations in a permanent log. The ERO would also require cooperation of the project sponsor in assisting such further investigations on site as may be appropriate prior to or during project excavation, even if this results in a delay in excavation activities.

In addition, a program of on-site excavation monitoring by a qualified historical archaeologist, designed to allow for the recovery of a representative sample of the cultural materials existing on the site, would be implemented by the project sponsor.

This monitoring and recovery program would result in a written report to be submitted to the ERO, with a copy to the project sponsor.

- *- Should evidence of cultural or historic artifacts of significance be found during project excavation, the Environmental Review Officer (ERO) and the President of the Landmarks Preservation Advisory Board would be notified immediately, and any excavation which could damage such artifacts halted. The archaeologist would help the Office of Environmental Review determine the significance of the find and whether feasible measures, including appropriate security measures, could be implemented to preserve or recover such artifacts. The ERO would then recommend specific mitigation measures, if necessary.

Copies of reports prepared according to this mitigation measure would be sent to the California Archaeological Site Survey Office at Sonoma State University. Excavation or construction that might damage the discovered cultural resources would be suspended for a maximum of four weeks (cumulatively for all instances that the ERO has required a delay in excavation or construction) to permit inspection, recommendation and retrieval, if appropriate.

VI. SIGNIFICANT ENVIRONMENTAL EFFECTS THAT CANNOT BE AVOIDED IF THE
PROPOSED PROJECT IS IMPLEMENTED

In accordance with Section 21067 of the California Environmental Quality Act (CEQA), and with Sections 15040, 15081 and 15082 of the State EIR Guidelines, this chapter identifies impacts that could not be eliminated or reduced to an insignificant level by mitigation measures included as part of the project, as described in Chapter V, Mitigation Measures, pages 100 - 107.

This chapter is subject to final determination by the City Planning Commission as part of its certification process for the EIR. Chapter VI of the Final EIR will be revised, if necessary, to reflect the findings of the Commission.

No project-specific significant impacts have been identified.

Cumulative development in downtown San Francisco and nearby areas would have a significant effect on the environment in that it would generate cumulative traffic increases as well as cumulative passenger loadings on Muni, BART and other regional transit carriers. These cumulative transportation impacts could cause violations of the total suspended particulate (TSP) standard in San Francisco with concomitant health effects and reduced visibility. The proposed project would contribute to these cumulative effects.

In the past, EIRs for projects in downtown San Francisco and nearby areas have found cumulative effects due to potential violations of carbon monoxide (CO) standards in San Francisco. CO was overpredicted in these EIRs due to the unquantified reductions in vehicle emissions from the I/M program which were not previously accounted for. When these emission reductions are accounted for, as has been done in the cumulative analysis for CO in this EIR, there would no longer be predicated violations to CO standards due to cumulative downtown development in San Francisco.

VII. ALTERNATIVES TO THE PROPOSED PROJECT

A. NO PROJECT

This alternative would entail no physical change to the two sites as they now exist. The surface parking lot at the southeast corner of Bush and Hyde Sts. and the parking garage at 1234 Pine St. would remain in operation.

In general, the environmental characteristics of this alternative would remain as described in the setting section of this report.

The effects identified in Chapter IV, Environmental Impacts, including urban design, shadows, transportation, air quality, construction noise, and housing and employment factors would not occur. This alternative would preserve the option to develop a similar or different type of building or use on the medical building site in the future.

The sponsor has rejected this alternative because it would not fulfill the sponsor's goal of providing cost-efficient, outpatient health care to meet the increasing demand for such services and of meeting parking needs for the Hospital.

B.1 REDUCED PARKING IN MEDICAL BUILDING (CODE COMPLYING PARKING)

Alternative B.1 would be the same as the project except that one subsurface parking level in the medical building would be eliminated. The parking garage addition would be the same as with the project. This would reduce the number of parking spaces in the medical building from 117 to about 56 spaces, 61 fewer spaces than the project. This alternative would include two van-loading spaces in the medical building garage, as would the project. The FAR of this alternative would be 4.6:1 as with the project. The environmental impacts of Alternative B.1 would be similar to those of the project. Urban design, shadow, housing and employment factors and air quality impacts would be the same as the project. The duration of construction noise and construction traffic impacts would probably be less since one less garage level at the medical building would be built.

Potential impacts on cultural resources would be less since the depth of excavation for the medical building would be less. Growth inducing impacts for this alternative would be similar to those for the project.

This alternative would reduce the net increase of parking spaces from 267 for the project to 206. The peak total parking demand would remain at about 190 spaces. Travel demand would be unchanged, but the distribution of the vehicle trips through the local intersections would be altered. This is because the vehicles that would park in the medical building garage, under the project, would have to park in the Pine St. garage. This would have the effect of reducing traffic impacts on the Hyde/Sutter Sts. intersection, and increasing traffic impacts on the Pine/Hyde Sts. and Bush/Hyde Sts. intersections. However, none of the intersections' levels of service would change.

Parking conditions would remain about the same as existing conditions during peak periods because provision of 16 off-street spaces over and above the projected parking demand of 190 spaces under this alternative would not have a noticeable effect on parking conditions in the project vicinity compared to the 77 spaces in excess of demand with the project. As with the project, the total parking demand would decrease as the afternoon progresses, to the extent that at 6:00 p.m., an estimated surplus of 155 off-street spaces would exist.

The scenarios of increased use of transit and carpools (described on p. 76), if achieved, would have the effect of reducing parking demand from the combined hospital and medical building (existing and proposed) staff to the point where the number of off-street parking spaces under this alternative could, in theory, accommodate some of the excess demand for on-street parking.

The sponsor has rejected this alternative because it would not meet the sponsor's goal of providing the maximum increased off-street parking for patients, physicians and staff. By providing increased off-street parking facilities, the sponsor believes the demand for on-street parking would be reduced, therefore lessening the competition for spaces between those affiliated with the Hospital and residents in the neighborhood.

ALTERNATIVE B.2: REDUCED PARKING IN GARAGE ADDITION (CODE-COMPLYING PARKING)

Alternative B.2 would be the same as the project except that the parking garage would have one level of parking added compared to two levels for the project. This would

reduce the number of net new parking spaces in the proposed parking garage addition from 205 to 139 spaces. The design of the medical building would be the same as with the project. The number of parking spaces in the medical building would be the same as in the project (117 spaces on two subsurface levels). The medical building garage would contain two van-loading spaces as with the project. The FAR of this alternative would be 4.6:1, as with the project. The overall height of the parking garage addition would be about nine feet lower than the height of the garage addition of the project.

The environmental impacts of this alternative would be similar to those of the project. The parking garage addition would not require Conditional Use Authorization for exceeding 40 ft. in height in an R-District; shadow effects and urban design effects of the parking garage addition would be less than the project due to one less level being added. All other zoning, urban design, shadow, air quality, employment and housing effects would be the same as the project. The duration of construction noise and construction traffic impacts would be less than the project since one less level of additional parking would be built at the parking garage. Growth-inducing impacts for this alternative would be similar to those for the project.

This alternative would reduce the net increase of parking spaces from 267 to 201, 66 less spaces than the project. The peak total parking demand would remain at about 190 spaces. Travel demand would be unchanged, as would the distribution and impact of the vehicle-trips through the local intersections.

Parking conditions would remain about the same as existing conditions during peak periods because provision of 11 off-street parking spaces above the projected parking demand with this alternative would not have a noticeable effect on parking conditions in the project vicinity compared to the 77 additional spaces with the project. As with the project, the total parking demand would decrease as the afternoon progresses, to the extent that at 6:00 p.m., an estimated surplus of 150 off-street spaces would exist.

The scenarios of increased use of transit and carpools (described on p. 76), if achieved, would have the effect of reducing parking demand from the Hospital and medical building staff so that the number of off-street parking spaces under this alternative could, in theory, accommodate some of the excess demand for on-street parking.

The project sponsor has rejected this alternative for the same reasons as Alternative B.1. In addition, the Hospital would not construct one level to the garage, because in the sponsor's opinion, the addition would not be economically feasible to build.

C. INCREASED PARKING IN PROPOSED MEDICAL BUILDING

The design of this alternative would be the same as for the project except that one level of parking would be added to the medical building, thereby increasing the number of proposed spaces in the building from 117 to 166. The FAR of this alternative would be 4.6:1 as with the project. The medical building garage would contain two van-loading spaces as with the project. The parking garage addition would be the same as in the proposed project.

The environmental impacts on urban design and shadows of Alternative C would be the same as those of the project. The duration of construction impacts, such as noise and traffic, would be longer, and potential impacts on cultural resources would be greater as one sub-surface level would be added to the medical building, requiring additional excavation compared to the project. Growth-inducing impacts for this alternative would be similar to those for the project.

This alternative would increase the number of net new parking spaces from 267 to 316, 49 more spaces than the project. The peak parking demand of this alternative would be about 190 spaces, the same as the proposed project, and would result in an excess over demand of about 126 parking spaces. Travel demand would be unchanged, but the distribution of the vehicle-trips through the local intersections would be altered compared to the proposed project. The increased number of parking spaces in the medical building garage, compared to the project, would increase traffic through the Bush/Hyde and Hyde/Sutter intersections. The impacts on these intersections would be more than the project, but would not change the p.m. peak-hour levels of service. The impacts on the Pine/Hyde, Bush/Leavenworth, and Pine/Leavenworth intersections would be similar to the project. On-street parking conditions could be improved from existing conditions during peak periods because the net increase of spaces could, in theory, accommodate the excess demand for on-street parking (currently about 112%, or 125 vehicles over capacity).

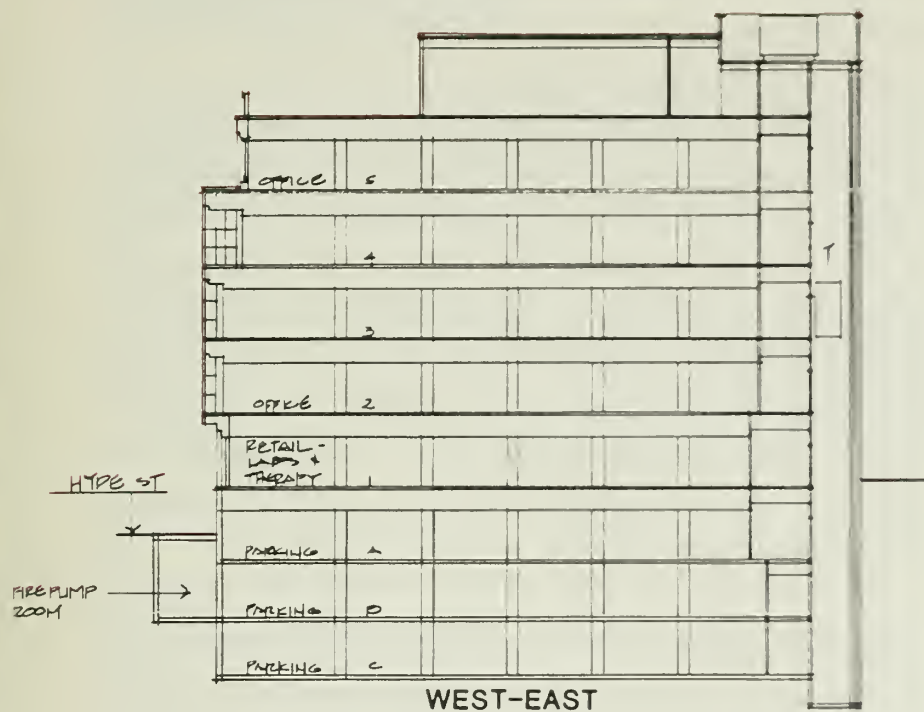
However, the excess parking spaces could serve to make transit and carpooling less attractive, thereby increasing the use of single-occupant vehicles. As under the project, the total parking demand would decrease as the afternoon progresses, so that at 6:00 p.m., an estimated surplus of 265 spaces would exist.

The feasibility of scenarios to increase transit and carpools use (described on p. 76) would be less likely under this alternative as compared to the project. With the increase in available off-street spaces, there would be a decreased incentive to shift out of single-occupant vehicles.

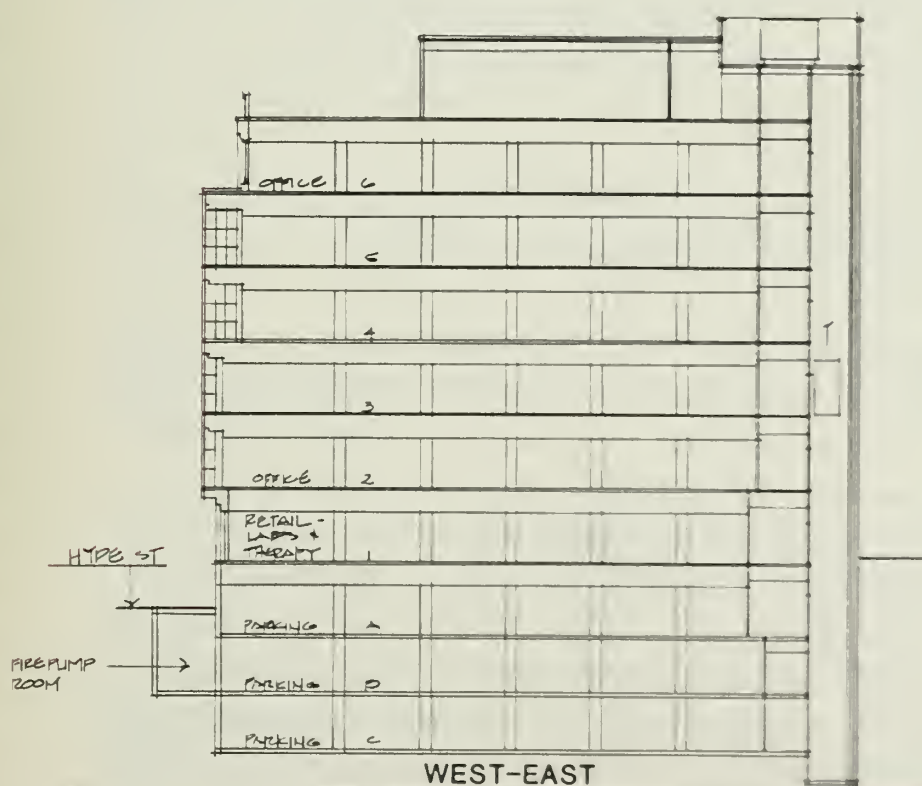
The sponsor has this alternative under consideration.

D.1 REDUCED HEIGHT MEDICAL BUILDING AND REQUIRED PARKING ON-SITE

Alternative D.1 would consist of a reduced height medical building with reduced medical office and laboratory and therapy clinic space and increased retail space, and no additional levels at the existing Pine St. parking garage. Under this alternative, the medical building would be 67 ft. tall (five stories and a 16 ft. mechanical penthouse) compared to 80 ft. tall (six stories and a 16 ft. mechanical penthouse) with the project. This alternative's medical building would contain 38,965 sq. ft. of medical office space; 2,780 sq. ft. of laboratory and therapy clinic space; 5,435 sq. ft. of ground-floor retail space; and 29,535 sq. ft. of parking (166 parking spaces and two van-loading spaces) on three subsurface levels (see Figure 25, p. 114). This alternative would contain 7,680 sq. ft. less office space, and 12,050 sq. ft. less laboratory and therapy clinic space than the project, but would contain 3,535 sq. ft. more ground-floor retail space and 49 more underground parking spaces in the medical building than would the project. Thus, the medical building would contain 47,180 gross sq. ft. of floor area applicable to the Floor Area Ratio, resulting in a FAR of 3.4:1, as compared to 4.6:1 for the medical buildings' FAR under the proposed project. Under this alternative, there would be no addition to the Pine St. parking garage; it would still contain 150 parking spaces. The bulk dimensions of the alternative medical building would be the same as the project. This alternative would have one less level of medical office space, and would replace the garden level, which contains laboratory and therapy clinic space with the proposed project, with parking. The larger retail space of this alternative compared to the project would accommodate a use requiring a larger area, or could accommodate two or three smaller tenants.



ALTERNATIVE D.1
(REDUCED HEIGHT MEDICAL
BUILDING AND REQUIRED
PARKING ON-SITE)



ALTERNATIVE D.2
(REDUCED MEDICAL SPACE
AND INCREASED PARKING)

FIGURE 25
BUILDING SECTIONS OF
ALTERNATIVES D.1 AND D.2

This alternative would provide employment for about 201 employees, as compared to about 235 for the proposed project. The reduction in employment levels would be due to the loss of employees related to the doctors' offices; however, increased retail employment would offset some of this loss. Because employment levels would be less than those of the project, transportation and air quality effects, and housing and economic effects, would be less than the project. Urban design and shadow impacts would be less at the medical building site, because of the lower building height than with the project, and would be less at the parking garage addition site since the garage addition would not be included in this alternative. Potential impacts on cultural resources would be greater due to increased excavation for one additional underground level of parking in the medical building. The duration of construction noise and construction traffic effects would be less, and would be focused around the medical building site. Growth inducing impacts for this alternative could be less than those for the project.

This alternative would generate about the same number of total daily person trips as the project, with the reduction in medical space balanced with larger retail space. The daily vehicle trips (one-way) would be reduced by about 325 vehicle trips (16%), while during the afternoon peak hour, they would be decreased by about 30 vehicle trips (17%). All of the outbound project trips would exit from the medical building garage onto Hyde St. This would reduce the traffic impacts on the Pine/Hyde, Bush/Leavenworth, and Pine/Leavenworth intersections. The impacts on the Bush/Hyde and Hyde/Sutter intersections would be similar to the project.

The number of outbound peak-hour transit trips would be the same as the project; therefore, the impacts on transit would be the same as for the project.

The amount of Code required off-street parking for this alternative would be 160 spaces, 47 fewer spaces than the project.^{1/} The total number of proposed parking spaces would be reduced from 322 to 166. The parking demand of this alternative would be about 30 spaces fewer than the project, resulting in a peak parking demand of about 160 spaces. This alternative would reduce the net increase in parking spaces from 267 to 111 compared to the project. This alternative would result in a deficit of about 49 spaces compared to existing parking supply and demand conditions. Parking conditions would become worse than existing conditions during peak periods because the excess parking demand would use, or would displace existing parkers to use, neighborhood streets further from the project site. As under the project, the total parking demand would decrease as

the afternoon progresses, to the extent that at 6:00 p.m., an estimated surplus of 60 off-street spaces would exist.

The intermediate scenario of increased use of transit and carpools (described on p. 76) would reduce the total parking demand, but not to the point where the excess demand would be accommodated; however, there would be a projected deficit of spaces.

This alternative would generate three fewer service vehicles stops per day than the project, and the average and peak hourly loading space demand would be the same as for the project; i.e., about one space. The medical building parking garage would contain two van-loading space under this alternative, as would the project.

The sponsor has rejected this alternative for the same reasons as Alternative B.1., and because in the sponsor's opinion, this alternative would not provide sufficient medical office space to meet the anticipated demand for such space.

D.2. REDUCED MEDICAL SPACE AND INCREASED PARKING

Alternative D.2 would consist of a medical building with reduced medical office and laboratory and therapy clinic space and increased retail space; the Pine St. parking garage would include an addition of two levels of parking, as with the project. Like Alternative D.1, the number of parking spaces would increase in the medical building from 117 for the project to 166 spaces in three below - grade levels with this alternative. The parking garage addition would add 205 net new parking spaces as with the project. The medical building under this alternative would contain about 1,930 sq. ft. less office space and 12,050 sq. ft. less lab and therapy clinic space than would the project, but would contain 3,535 sq. ft. more ground-floor retail space and 49 more parking spaces than the project. The medical building's FAR would be 3.8:1 for this alternative, compared to 4.6:1 under the proposed project.

The exterior dimensions of the medical building and the parking garage addition under this alternative would be the same as with the project. Urban design and shadow effects at the medical building and parking garage addition sites would be the same as would the project. This alternative would require Conditional Use Authorization for exceeding 40 ft. in height in a R-District as would the project. The parking garage addition would require Conditional Use authorization for off-street parking as would the project. This alternative would provide employment for about 224 employees, compared to about 235

for the project. Thus, employment levels would be similar to those of the project, and therefore transportation, air quality, housing, and employment effects, would be similar to the project. The duration of construction noise and construction traffic effects of the alternative would be more than the project, because one additional underground parking level would be built in this alternative's medical building. Potential impacts on cultural resources would be greater than with the project because of the one additional level of underground parking requiring additional excavation compared to the project in the medical building. Growth inducing impacts for this alternative would be similar to those for the project.

This alternative would increase the travel demand by about 400 person trips (13%), due to the larger retail space. The daily (one-way) vehicle trips would be reduced by about 75 trips (4%), while during the afternoon peak hour, they would be decreased about ten trips (5%). The increased number of parking spaces in the medical building garage, compared to the proposed project, would increase traffic through the Bush/Hyde and Hyde/Sutter intersections. During the p.m. peak-hour, however, the reduced number of vehicle trips would result in the same impacts as the project at these intersections. The impacts on the Pine/Hyde, Bush/Leavenworth, and Pine/Leavenworth intersections would be similar to the project.

The number of outbound peak-hour transit trips would increase by about five (nine percent), again due to larger retail space, but the operating levels of service on the various lines would be unchanged.

The amount of Code-required off-street parking under this alternative would be 179 spaces, 28 fewer spaces than the proposed project.^{1/} The total number of proposed parking spaces would be increased from 322 to 371. This alternative's parking demand would be about 180 spaces. This alternative would increase the number of net new parking spaces from 267 to 316 and would result in an excess over demand of about 136 spaces. Parking conditions would be improved from existing conditions during peak periods because the surplus of spaces could, in theory, accommodate the excess demand for on-street parking (currently about 112%, or 125 vehicles over capacity).

The increased availability of parking under this alternative could, however, make transit and carpool use less attractive, thereby increasing the use of single-occupant vehicles. As under the project, the total parking demand would decrease as the afternoon progresses, with an estimated surplus of up to 270 spaces at 6:00 p.m.

The feasibility of the scenarios of increased use of transit and carpools (described on p. 76) would be less likely under this alternative, as compared to the project. With the increase in available off-street spaces, there could be a decreased incentive to shift out of single-occupant vehicles.

This alternative is under consideration by the sponsor. Although the space provided in Alternative D.2 is less than desired for the medical offices and laboratory/therapy clinics, the additional parking could help alleviate, to a greater extent than the project, on-street parking demand.

Table 13, Summary and Comparison of the Project with Alternatives B.1, B.2, C, D.1 and D.2, compares the proposed project to these alternatives.

NOTE - Alternatives

/1/ The amount of code-required parking for Alternative D.1 was calculated as follows:

Medical Offices and Lab/therapy space (29,443 sf x 1/300 sf of occupied floor area)	=	98.14
Retail (5,075 sf x 1/500 sf of occupied floor area)	=	10.15
Replacement Parking	=	<u>52</u>
		160.29 (Rounded to 160 spaces)

/2/ The amount of code-required parking for Alternative D.2 was calculated as follows:

Medical Offices and Lab/therapy space (35,122 sf x 1/300 sf of occupied floor area)	=	117.07
Retail (5,075 sf x 1/500 sf of occupied floor area)	=	10.15
Replacement Parking	=	<u>52</u>
		179.22 (Rounded to 179 spaces)

TABLE 13: SUMMARY AND COMPARISON OF PROJECT WITH ALTERNATIVES B.1, B.2, C, D.1 and D.2

	<u>Project</u>	<u>Alt. B.1</u>	<u>Alt. B.2</u>	<u>Alt. C</u>	<u>Alt. D.1</u>	<u>Alt. D.2</u>
Height (ft.)						
Medical Building	80	80	80	80	67	80
Parking Garage	43	43	34	43	25	43
<u>Use Areas</u>						
Medical Office Bldg						
Office (sq. ft.)	46,645	46,645	46,645	46,645	38,965	44,715
Lab/Therapy (sq. ft.)	14,830	14,830	14,830	14,830	2,780	2,780
Retail (sq. ft.)	1,900	1,900	1,900	1,900	5,435	5,435
Proposed Parking Spaces	117	56	117	166	166	166
(Net New)	(62)	(1)	(62)	(111)	(111)	(111)
Code Required Parking (spaces)	207	207	207	207	160	179
Number of Floors	6	6	6	6	5	6
Number of Parking Levels	2	1	2	3	3	3
FAR of Medical Building	4.6:1	4.6:1	4.6:1	4.6:1	3.4:1	3.8:1
Needs CU for Height	Yes	Yes	Yes	Yes	Yes	Yes
Parking Garage Addition						
Parking Added (Net New)						
Number of Spaces	205	205	139	205	0	205
Number of levels Added	2	2	1	2	0	2
Needs CU for Height	Yes	Yes	No	Yes	No	Yes
Project Parking Demand	190	190	190	190	160	180
Total Net New Spaces (Garage and Medical Bldg)	267	206	201	316	111	316
Net Increase/Decrease of Off-Street Supply	+77	+16	+11	+126	-49	+136
Potential Jobs	235	235	235	236	201	224
Estimated Housing Demand	18	18	18	18	15	17

SOURCE: Environmental Science Associates, Inc.; and Heller and Leake

● VIII. SUMMARY OF COMMENTS AND RESPONSES

TABLE OF CONTENTS

	<u>Page</u>
I. INTRODUCTION	122
II. LIST OF PERSONS COMMENTING	123
III. COMMENTS AND RESPONSES	124
A. CUMULATIVE ISSUES	124
B. PROJECT DESCRIPTION	146
Sponsor's Objectives	146
Project Characteristics	148
Cost and Approval Requirements	150
C. LAND USE AND ZONING	152
Land Use	152
Zoning	155
Master Plan	157
Hospital Institutional Master Plan	159
D. URBAN DESIGN	174
Architectural Resources	174
Design	176
Views	184
Wind	185
Shadows	187
E. TRANSPORTATION, CIRCULATION AND PARKING	197
Construction Parking and Lot at 1400 Pine St.	199
Travel Demand	200
Local Transit	201
Local Intersection Traffic	202
Pedestrian Movements	209
Off-Street Parking and Loading	210
Transportation System Management (TSM) Program	213
Localized Cumulative Traffic	214
Regional Freeway Traffic	216
F. AIR QUALITY	217

VIII. Summary of Comments and Responses

TABLE OF CONTENTS (continued)

	<u>Page</u>
G. POPULATION AND HOUSING	220
Population	220
Housing	222
H. GROWTH INDUCEMENT	230
I. MITIGATION MEASURES	231
Transportation, Circulation and Parking	231
Construction Noise	241
J. ALTERNATIVES	241
K. STAFF-INITIATED TEXT CHANGES	245

LIST OF TABLES

C & R 1. Comparison of C-3 District Employment Estimates from the Downtown Plan EIR and the Mission Bay Special Studies	141
--	-----

LIST OF FIGURES

C & R 1. Facilities Owned by Saint Francis Hospital	170
17. View of Medical Building from Hyde Street	181
18. View of Medical Building from Bush Street Looking East	182
19. View of Medical Building from Bush Street Looking West	183
21. Medical Building Shadow Patterns - December 21	188
22. Medical Building Shadow Patterns - March 21	189
23. Medical Building Shadow Patterns - June 21	190
24. Medical Building Shadow Patterns - September 21	191
6. Parking Garage Addition, Pine Street Elevation and Building Section	207

I. INTRODUCTION

This document contains summaries of the public comments received on the Draft Environmental Impact Report (DEIR), prepared for the proposed Saint Francis Medical Building and Parking Garage Addition project, and responses to those comments. Also included are staff-initiated text changes and errata.

All substantive comments made at the Draft EIR public hearing before the City Planning Commission, December 18, 1986, and all written comments received during the Draft EIR public review period November 14, 1986, to December 18, 1986, are presented herein by direct quotation, edited to delete repetition and non-substantive material only.

Comments and responses are grouped by subject matter and are arranged by topics corresponding to the Table of Contents in the DEIR. Each group of comments is followed by its set of responses; the order of the responses under each topic follows the order of the comments. As the subject matter of one topic may overlap that of other topics, the reader must occasionally refer to more than one group of Comments and Responses to review all information on a given subject. Where this occurs, cross references are provided.

Some comments do not pertain to physical environmental issues, but responses are included to provide additional information for use by decision-makers.

These comments and responses will be incorporated into the Final EIR as a new chapter. Text changes resulting from comments and responses will also be incorporated into the Final EIR, as indicated in the responses.

II. LIST OF PERSONS COMMENTING

Susan Bierman, Planning Commissioner, San Francisco City Planning Commission
(written comments, December 18, 1986)

Georgia Brittan, San Franciscans for Reasonable Growth (SFRG)
(written comments, December 18, 1986)

Dorothy Dana, President, Nob Hill Neighbors (NHN)
(written comments, December 17, 1986)

Milton Feldstein, Bay Area Air Quality Management District (BAAQMD)
(written comments, November 26, 1986)

Richard Grabstein, Attorney, Orme & Grabstein
(DEIR public hearing comments, December 18, 1986, and written comments,
December 17, 1986)

Sue Hestor, San Franciscans for Reasonable Growth (SFRG)
(DEIR public hearing comments, December 18, 1986)

Russell Kessler, Hanford, Freund and Co.
(written comments, December 2, 1986)

Louise Nichols, Nob Hill Neighbors, (NHN)
(DEIR public hearing comments, December 18, 1986)

Norman Rolfe, Area Resident
(DEIR public hearing comments, December 18, 1986)

David Sage, Adjacent Property Owner
(written comments, November 24, 1986)

Yvonne San Jule, Association of Bay Area Governments (ABAG)
(written comments, December 8, 1986)

Leonard Tom, San Francisco Public Utilities Commission, Finance Bureau (PUC)
(written comments, December 1, 1986)

K. L. (Dan) Wong, MUNI Planning Division (MUNI)
(written comments, November 23, 1986)

III. COMMENTS AND RESPONSES

A. CUMULATIVE ISSUES

Comment

"p. 83 SFRG incorporates by reference all comments previously submitted to the DCP concerning C-3/non-C-3 transit impacts made in the documents submitted on 201 Spear. Copies of these comments were recently submitted again with 101 Second Street comments to OER with appropriate page check." (Georgia Brittan, SFRG)

Response

A program EIR can simplify the task of preparing subsequent environmental documents on later parts of the program and can permit a project to solely discuss new effects which had not been considered before. More specifically, Section 15168(d) of the State CEQA Guidelines, states:

"(d) Use with Subsequent EIRs and Negative Declarations. A program EIR can be used to simplify the task of preparing environmental documents on later parts of the program. The program EIR can:

- (1) Provide the basis in an Initial Study for determining whether the later activity may have any significant effects.
- (2) Be incorporated by reference to deal with regional influences, secondary effects, cumulative impacts, broad alternatives, and other factors that apply to the program as a whole.
- (3) Focus an EIR on a subsequent project to permit discussion solely of new effects which had not been considered before."

VIII. Summary of Comments and Responses

The Downtown Plan EIR is a program EIR which analyzes the future cumulative effects of development in the greater downtown. The Downtown Plan EIR was certified on October 18, 1984 after all of the comments on that document were responded to in the Summary of Comments and Responses. The 201 Spear St. SEIR used both the growth forecasts of the Downtown Plan EIR and the previous list based approach, while the EIR for St. Francis used only growth forecast methodology from the Downtown Plan EIR. Both the 201 Spear St. SEIR and this project EIR used the cumulative transportation analysis, including the C-3 and non-C-3 transit analysis, from the Downtown Plan EIR. In addition, the State CEQA Guidelines encourage reducing paperwork and delay in EIRs by using program EIRs (Section 15006(m)) and by using incorporations by reference (Section 15006(t)).

Responding to the SFRG comments concerning C-3 and non-C-3 transit impacts on the 201 Spear St. SEIR, as called for by the commenter, without specific regard for the issues relevant to this specific project, would undermine the intent of the Legislature to avoid repetitive discussion of the same issues in successive EIRs. All comments on the 201 Spear St. SEIR were responded to in the Summary of Comments and Responses document, prepared by the Department of City Planning prior to certification of the Final SEIR for 201 Spear St. on November 14, 1985 which is hereby incorporated by reference. Similarly, the December 2, 1985 letter to the Board of Permit Appeals from the Department of City Planning which responded to the appeal by SFRG on the 201 Spear St. project (BPA 85-315) is hereby incorporated by reference.

The only attempt the commenter made to show the relevance of the approximately 135 pages of 201 Spear St. material to this project was to put checks on about 70 pages of the material that was submitted on 101 Second St. It is not appropriate to repeat the discussion of issues from those documents in the EIR for this project unless the effects had not been considered before. The Department of City Planning has been unable to ascertain, given virtually no specific points from the commenter, that any of the impacts discussed in the 201 Spear St. documents indicate new effects which had not been previously considered in the EIR for the project at hand.

VIII. Summary of Comments and Responses

In the absence of any specific requests by the commenter or the City Planning Commission for further relevant information, the Department believes that the Draft EIR for this project, together with this Summary of Comments and Responses document, satisfies the legislative intent to focus EIRs upon issues ripe for decision, without repetitive discussion of unnecessary information already in the public domain.

Comments

"Recent publications by the Department of City Planning show that total increase in employment in the C-3 and Downtown non-C-3 show increases beyond what was accounted for in the increased ridership in the DTP EIR. This is what SFRG has been talking about for 2 years. Specifically, the projected increase in employment for the greater Downtown as shown in the Caltrain Station Location special study for Mission Bay shows a greater increase in employment than projected in the Downtown Plan EIR. Please explain what impact this will have on increased transit demand and traffic demand and answer the following points.

"The DTP EIR projects an increase of 91,260 employees in the C-3 from 1984 to 2000. DTP EIR IV.C.47 states that employment will increase in the non-C-3 adjacent to the C-3 by half this amount and by half this amount again in the remainder of the city for another approximately $45,000 + 45,000 = 90,000$ plus employees in San Francisco by 2000.

"The Caltrain Station Location study shows an increase of 169,041 employees between 1985 and 2000+. The difference between the C-3 increase and the increase for total area is 77,781. This number is greater than the 45,000 presumed for the non-C-3 downtown under the DTP EIR.

"For C-3 increase please compare Table IV.C.12 with Table IV.C.10. For a comparison of total C-3 to downtown non-C-3 increase please look at Table 19 from the Caltrain Station Location study. Also included are maps from the DTP EIR and this study to compare the geographical boundaries of the areas included in this count. These boundaries are practically identical.

VIII. Summary of Comments and Responses

"Another Mission Bay special study includes similar confirming information. Table 5 from Transportation Network shows growth in employment in the same non-C-3 areas as 57,381. Again, this number is greater than the 45,000 presumed for the non-C-3 under the DTP EIR. A copy of this chart is attached.

"Please include these submissions in the C&R document [see pp. 128 to 134 of this document]. Please state in the C&R that all projections were prepared by Recht Hausrath." (Georgia Brittan, SFRG)

Response

Updated information is in order not only on the progress of Mission Bay planning but also on the effect of Proposition M on the Mission Bay proposal and on the South of Market Plan. The following response will, therefore, provide more recent information about these and other relevant studies.

The "Mission Bay Project" is part of an extensive public planning process underway in the Department of City Planning. The Department published the Mission Bay Plan, A Proposal For Citizen Review in January, 1987. Following public review and possibly staff revisions, and following preparation of an Environmental Impact Report (EIR), adoption of the Plan would require amendments to the Central Waterfront Plan of the City's Master Plan by the City Planning Commission, and would require approval of amendments to the City Planning Code and Zoning Map by the City Planning Commission, the Board of Supervisors, and the Mayor. The proposed Plan could also lead to a Development Agreement between the City and the sponsor, Santa Fe Pacific Realty Corporation. Any development agreement would also require action by the City Planning Commission, the Board of Supervisors, and the Mayor. Review and approval of development at the Mission Bay site would also require action by the Bay Conservation and Development Commission, Metropolitan Transportation Commission, and possibly the Army Corps of Engineers, Coast Guard, and the Regional Water Quality Control Board. If all of these actions were to result in

TABLE IV.C.12: C-3 DISTRICT EMPLOYMENT GROWTH FORECAST FOR THE DOWNTOWN PLAN, 1981-2000

<u>Business Activity</u>	<u>Forecast 2000 Employment</u>	<u>Employment Growth 1981-2000</u>	<u>Growth Rate 1981-2000 (a)</u>
<u>Management/Technical Office</u>	251,590	79,040	2.0%
Manufacturing and Mining	28,300	10,080	2.3%
Finance, Insurance Real Estate	94,260	25,680 (b)	1.7%
Business and Professional Services	81,460	40,810	3.7%
Transportation, Communi- cations, Utilities	34,300	5,560 (c)	0.9%
Government Office	13,270	-3,090	-1.1%
<u>Trade/Customer Service Office</u>	51,880	17,110	2.1%
Wholesale and Manufac- turing Sales	22,890	9,650	2.9%
Retail Services	21,670	5,370	1.5%
Branch Banks	7,320	2,090	1.8%
<u>Retail Trade</u>	27,820	5,630	1.2% (d)
<u>Hotels</u>	19,920	6,620	2.2%
<u>Cultural/Institu- tional/Educational</u>	9,290	1,160	0.7%
<u>Industrial/Warehouse/ Automotive/Parking</u>	4,390	-2,540	-2.4%
<u>Building Maintenance/ Security</u>	7,230	2,030	1.8%
TOTAL (e)	372,120	109,050	1.84%

TABLE IV.C.10: ESTIMATED C-3 DISTRICT EMPLOYMENT BY BUSINESS ACTIVITY AND SUBAREA, 1984

Business Activity	Subareas							Total C-3 District	Percent of Employment
	1	2	3	4	5	6	7		
Office (a)	141,400	18,860	6,990	13,870	11,450	26,190	4,460	223,220	79.5%
Retail Trade	5,850	470	1,000	890	3,370	7,320	4,300	23,200	8.3%
Hotel	2,590	--	390	70	7,510	3,150	110	13,820	4.9%
Cultural/Institutional/Educational	1,410	160	950	320	3,330	660	1,510	8,340	3.0%
Industrial/Warehouse/Automotive/Parking	430	1,130	2,990	210	1,370	284	90	6,500	2.3%
Total Employment Allocated To Subareas	151,680	20,620	12,320	15,360	27,030	37,600	10,470	275,080	
Percent of Employment	55.1%	7.5%	4.5%	5.6%	9.8%	13.7%	3.8%	100%	
Building Maintenance	--	--	--	--	--	--	--	5,780	2.0%
TOTAL (b)								280,860	100%

NOTE: Based on employment analysis described in Impact section and in Appendix H. These 1984 figures are estimates of employment in 1984 based on the employment forecasts developed for the period 1981 to 1990. See note 20.

(a) Includes both management/technical office and trade/customer service office.

(b) Does not include construction employment, expected to average 5,270 jobs per year over the 1981 to 1984 period.

SOURCE: Recht Hausrath & Associates.

City And Region

Citywide Employment Impacts

Citywide employment is forecast to increase between 1981 and 2000 under the policies of the Downtown Plan. Just over half of this growth would occur in the C-3 District. The balance is likely to be divided about equally between the areas surrounding the C-3 District (south to China Basin including Mission Bay, Civic Center, Northern Waterfront and the Washington/Broadway Special Use District) and the rest of the City./31/ Depending on City policies governing future development in these areas, the average growth rate for total City employment could be about 1.5 percent per year. As indicated by the following discussion of impacts outside the C-3 District, the growth rate in areas near the C-3 District would be higher than the average. The rate would be lowest in the rest of the City./32/

Future changes in employment and business activity in City locations outside the C-3 District will be influenced by general economic factors, the City's land use policies for those areas, and real estate market conditions. The Downtown Plan would have an effect on real estate market conditions in other City areas, to the extent that existing or potential C-3 District business activities could locate elsewhere in the City and decide to do so because of the policies of the Plan. Section IV.B, Land Use and Real Estate Development Impact, identifies the possible impacts of the Plan in other City locations from the perspective of overall development patterns and how land uses might change due to shifts in activity and development outside the C-3 District. This subsection focuses on the types of activities that would shift from the C-3 District, the types of activities in other City areas that would be affected by this shift and the implications of these changes for City employment and job opportunities in San Francisco.

The most direct impacts of the Downtown Plan would be on new office construction in the C-3 District. Therefore, the citywide employment impacts of the Plan would primarily be the result of shifts of office activity and related uses. The office functions most sensitive to the costs of space would be

TABLE 19
ESTIMATES OF "GREATER DOWNTOWN AREA" EMPLOYMENT

TAZ	19851	2000+2	Change	% Change
1	193,408	287,673	94,265	48.7
2	70,880	94,971	24,091	34.0
3	51,716	63,611	11,895	23.0
4	7,256	11,295	4,039	55.7
5	11,940	12,045	105	.9
6	6,825	17,325	10,500	153.9
7-10	2,489	26,635	24,146	970.0
Total	344,514	513,555	169,041	49.1

1 Source: Recht Hausrath and Associates.

2 Source: Projections prepared by Recht Hausrath and Associates for use in the Mission Bay Special Studies to represent the Mission Bay build-out and a cumulative level of development for the other areas of the greater downtown.

TABLE 20
COMPARISON OF EMPLOYMENT PROJECTIONS

Mission Bay EIR Traffic Analysis Zone	SCR 74 Projections ^{1,2}	Projections for Mission Bay Special Studies ³			
		Land Use I	Land Use I SCR 74	Land Use II	Land Use II SCR 74
1	187,048	287,673	1.538	4	4
2	59,286	94,971	1.602	4	4
3	67,532	63,611	.942	4	4
4	21,737	11,295	.520	4	4
5	22,226	12,045	.542	4	4
6	34,451	17,325	.502	4	4
7-10	17,202	26,635	1.548	14,115	.82
Greater downtown ⁴ total	409,482	513,555	1.25	501,035	1.22

1 Approximations based on estimating geographic correspondence between zone systems.

2 Source: Association of Bay Area Governments — Projections '83. Used as the basis for the travel forecasts for the Peninsula Mass Transit (SCR 74) Study prepared for MTC by Kaiser Engineers/Barton-Aschman Associates, February 1985.

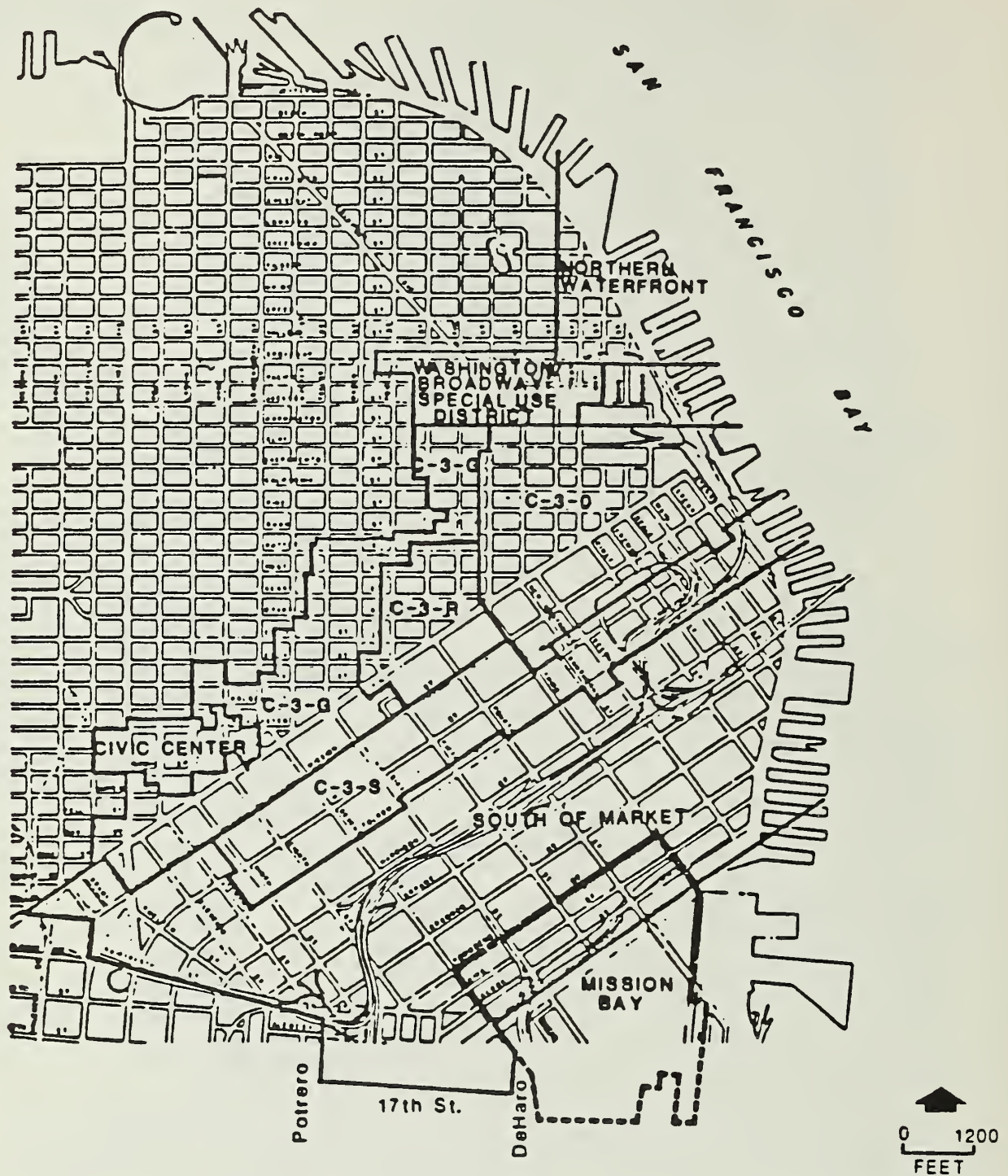
3 Source: Projections prepared by Recht Hausrath & Associates for use in the Mission Bay Special Studies.

4 Same as for Land Use I.



Figure

GREATER DOWNTOWN AREA OF SAN FRANCISCO



**FIGURE H.2:
DOWNTOWN STUDY AREA USED IN
DEPARTMENT OF CITY PLANNING
FORECASTS**

SOURCE: Recht Hausrath & Associates

Table 5
ASSUMED DOWNTOWN EMPLOYMENT GROWTH

<u>Downtown Subarea</u>	<u>1985 Existing</u>	<u>Cumulative Growth</u>	<u>Percent Increase</u>
C-3 District	264,760	376,420	42%
South-of-Market	28,280	44,000	56%
Northeast Waterfront	22,025	34,000	54%
Civic Center	<u>27,448</u>	<u>34,000</u>	24%
SUBTOTAL	342,513;	488,420	42%
MISSION BAY (Full Build-out) ¹			
Mixed Use	2,001	25,135	
Maximum Housing	2,001	12,615	
TOTAL DOWNTOWN	344,514	501,035 to 513,555	45% to 49%

NOTE: ¹It should be noted that Mission Bay development is not likely to be completed in the same time frame as the employment estimates for the rest of the greater downtown. As no longer-range growth estimates are yet available for downtown San Francisco, this study evaluates full development of Mission Bay together with the levels of downtown development shown. As a result, the analysis shows Mission Bay accounting for a larger share of downtown travel demand and impacts than would occur.

SOURCE: Recht Hausrath & Associates preliminary estimates.
See Appendix C for description.

VIII. Summary of Comments and Responses

approvals, an overall framework for phasing of development in the area would be established. Precise construction permits would still be required in order to permit actual construction and later occupancy of the first buildings in the Mission Bay project area.

Thus, the process to permit major new development in the Mission Bay area is a lengthy one. It is highly unlikely that all approvals would have been obtained and the area substantially developed by the year 2000.

In undertaking the Mission Bay planning effort, the City has accepted funds from Santa Fe Pacific to prepare planning studies. In resolutions accepting those funds, neither the City Planning Commission nor the Board of Supervisors has made any commitment to approve any development in the Mission Bay area. Board Resolutions No. 345-85 and 58-86 each state: "It is the intent of the Board of Supervisors that adoption of this resolution not constitute an approval of or comment upon any agreement or memorandum of understanding between the City and Santa Fe Pacific Realty Corporation not expressly approved by the Board of Supervisors."

On September 19, 1986, Santa Fe Pacific submitted an application requesting environmental review of their proposed plan/project (case no. 86.505E). This proposed project reflects the land use program outlined in a letter, dated October 16, 1984, from Mayor Feinstein to the Southern Pacific Land Company (commonly referred to as the Mayor's letter), as modified by a letter of May 17, 1986. The Santa Fe Pacific proposal would involve the construction of about 7,700 housing units, about 4.1 million sq. ft. of office space, about 2.6 million sq. ft. of research and development space, about 235,000 sq. ft. of commercial/retail space, a 500-room hotel, and about 74 acres of public open space on the 295-acre site.

Background studies for this major area-wide EIR are underway, accompanying the planning effort. This EIR will analyze five alternative development scenarios, including the Santa Fe Pacific proposal and four additional alternatives covering a wide range of land use mixes for the Mission Bay area. Each of these alternatives

VIII. Summary of Comments and Responses

would include improvements to the street network and transit systems, both within the Mission Bay area and in its vicinity. A description of the five alternatives is available from the Department's Mission Bay staff.

Santa Fe Pacific's current proposal, as outlined in the application for environmental review, is to proceed with construction in a number of phases. The first phase (the only phase described in the application) would include office space in the block bounded by Third, Townsend, Fourth and King Streets, and residential units in the area south of China Basin between Third and Fourth Streets. Because the Mission Bay development proposal is not like a typical development for a single building, the initial application requesting environmental review does not provide the same level of detail about building sizes, uses, design, and amenities that is normally provided. Design information for individual buildings does not yet exist. These individual buildings would require further details and could be subject to further environmental review before building permits were issued. It is not expected that individual buildings would be built and occupied and the space absorbed until sometime in the 1990s.

The Department's Proposal for Citizen Review includes types of uses similar to those proposed by Santa Fe Pacific, but in different amounts and, insofar as detail is available in the Santa Fe Pacific application, in different configurations. The land use program contains 7,700 to 7,960 housing units; 3.6 to 4.1 million sq. ft. of office space; 2.3 to 2.6 million sq. ft. of service/industrial/research and development space; 300,000 sq. ft. of retail space; a 500-room hotel; 70 to 78 acres of open space; and reserves an area for a ballpark. Maps of the locations of these uses are available from the Department's Mission Bay staff.

Preliminary to preparation of the Mission Bay Plan, the Department prepared 19 special planning studies on a variety of topics. These Mission Bay Special Studies were prepared and presented in the summer and fall of 1986 and were used by Department staff and consultants in preparing the Plan. In general, they cannot be used for other purposes; in particular, they cannot be used to update the cumulative impacts analysis provided in the Downtown Plan EIR.

VIII. Summary of Comments and Responses

An attempt has been made by some to compare the year 2000 Downtown Plan EIR forecasts of C-3 District growth and generalized estimates of growth through 2000 in the rest of the greater downtown area to the preliminary scenarios of cumulative employment growth in greater downtown San Francisco used in the Mission Bay Special Studies. Based on this comparison, questions have then been raised regarding differences in transit and traffic demand between the Downtown Plan EIR and the Mission Bay Special Studies.

It is important to understand some basic facts about the scenario of downtown employment growth used in the special studies. The scenario consists of order-of-magnitude estimates of future growth for the various subareas of the greater downtown: the C-3 District, South of Market, Northeast Waterfront, Civic Center, and the Mission Bay areas. These estimates were prepared in the summer of 1986. They were preliminary for use only in the Mission Bay Special Studies and are being refined for the Mission Bay EIR. (For more background, see Appendix C in the Transportation Network special study; an August, 1986 memorandum from Recht Hausrath & Associates to the Department of City Planning regarding "Preliminary Greater Downtown Estimates for Mission Bay Planning.")

The scenario of future downtown growth is labelled 2000+ in the special studies. This indicates two things. First, it indicates that the estimates are preliminary, without the supporting analysis to tie them to any one particular year. Second, the labelling reflects the decision to incorporate an estimate for Mission Bay representing full build-out of the project area in order for the special studies to address the full impacts of Mission Bay. Project build-out is not expected to occur until some time well beyond the year 2000. Thus, the 2000+ preliminary estimates are expected to occur sometime beyond the year 2000. This is acknowledged in footnote 1 of Table 5 in the Transportation Network special study.

Because the growth scenario used in the special studies is for 2000+ (and is so labelled, on both Table 19 on the Caltrain Station Locations special study, and Table 5 in the Transportation Network special study), it can be expected to represent a larger amount of employment growth than a corresponding forecast for the year 2000.

VIII. Summary of Comments and Responses

Nevertheless, the 2000+ scenario incorporates, in its entirety, the year 2000 Downtown Plan EIR C-3 District employment forecast of 376,420 (372,120 permanent employment plus 4,300 construction jobs). Therefore, the number of C-3 District workers used in the special studies analyses is the same as that used in the Downtown Plan EIR, not larger as alleged in the comment.

While the Downtown Plan EIR did not forecast growth for areas outside the C-3 District, the forecasts did account for employment increases in the greater downtown and the rest of the City. The preliminary scenarios used for the Mission Bay Special Studies do not contradict these estimates. For the non-C-3 District areas of the greater downtown, the preliminary scenario for 2000+ reflects growth from 1985 of either 45,000 or 57,000 depending on the Alternative for Mission Bay. As noted above, it is expected that Mission Bay build-out would occur beyond the year 2000, so growth up to 2000 would be less than these amounts. This magnitude of non-C-3 District growth is within the range of the growth potential through the year 2000 for the greater downtown areas outside the C-3 District presented in the Downtown Plan EIR. The somewhat larger amount of growth associated with the build-out of one of the two Mission Bay Alternatives used in the special studies is expected to occur after the year 2000+ and will be evaluated in the Mission Bay EIR.

The use of 1985 as the base year for the Mission Bay Special Studies (and as the setting year for the Mission Bay EIR) raises some complications for comparisons to the Downtown Plan EIR such as those attempted by the commenters. The work for the Downtown Plan EIR was done when the most recent citywide employment data available were for the year 1981. Surveys, interviews, and other analyses were conducted in 1981 and 1982 to establish an estimate of C-3 District employment in 1981. Most of the Downtown Plan EIR setting text and tables describing land use, space use, and employment conditions are for the year 1981. Other tables present estimates for the year 1984. The employment estimates presented in the EIR for 1984 are simple extrapolations of the forecast growth from 1981 through 2000.

The Department now has citywide employment data for 1984 and 1985. With analysis of recent trends in employment and space use, consultants were able to develop an

VIII. Summary of Comments and Responses

estimate of C-3 District employment for 1985. These analyses have indicated that the short-term C-3 District growth from 1981 to 1984 presented in the Downtown Plan EIR did not occur. (The likelihood of this outcome is acknowledged in the Downtown Plan EIR. See Downtown Plan EIR, Vol. 1, pp. IV.B.15 - IV.B.16, p. IV.C.26, note /22/ on p. IV.C.58, and Vol. 2, Appendix H, p. H.7.) The 1981 estimate of C-3 District employment presented in the Downtown Plan EIR has not changed as a result of the more recent analyses done to provide a comparable estimate for 1985. The 1985 estimate follows from the 1981 estimate and replaces the 1984 projection presented in the Downtown Plan EIR. The accompanying table (see p. 20) presents the relevant numbers used in this discussion of the Mission Bay Special Studies. The table shows that the 1981 and 2000/2000+ C-3 District total are the same when obtained from either the Downtown Plan EIR or the Mission Bay Special Studies. The difference is in the timing of the 1981-2000 growth. As discussed above, the updated estimate for 1985 indicated that C-3 District employment growth from 1981 to 1984 did not occur as projected in the Downtown Plan EIR. In fact, employment declined. Since the forecast total used for 2000/2000+ is the same, this simply means that the growth needed to reach the forecast total in the C-3 District shifts to the later (1985-2000) period for these special studies.

Because of this difference between the 1984 projection in the Downtown Plan EIR and the updated amount of C-3 District employment estimated for 1985, it is not correct to subtract the 1984-2000 increase in C-3 District employment presented in the Downtown Plan EIR from the preliminary 1985-2000+ scenario for the greater downtown presented in the special studies to derive an estimate of the employment growth for the non-C-3 areas used in the special studies. This calculation is presented in the fourth paragraph of the comment. The 1984-2000 increase in C-3 District employment shown in the Downtown Plan EIR is not comparable to, nor a portion of, the 1985-2000+ scenario of the greater downtown plus full build-out of Mission Bay; therefore subtracting one from the other will not produce a usable number.

The correct way to derive the estimates of growth outside the C-3 District is to use the information by area presented in Table 5 of the Mission Bay Transportation

VIII. Summary of Comments and Responses

Network Special Study. The non-C-3 District growth can be calculated in two ways: either as the difference between the total greater downtown growth and that indicated for the C-3 District, or as the sum of the growth shown for the individual non-C-3 District areas (South-of-Market, Northeast Waterfront, Civic Center, and Mission Bay). The result of either of these calculations is the estimate of growth ranging from 45,000 to 57,000, depending on the Mission Bay scenario. The commenters derive correctly the high end of this range in the sixth paragraph of their comment, neglecting to cite the lower end (45,000) of the range.

In summary, there are three conclusions to be drawn from this explanation. First, the difference between the Downtown Plan EIR and the Mission Bay Special Studies in non-C-3 District growth is not larger as alleged in the comment. Second, all the Mission Bay Special Studies used the same preliminary estimates of growth for the C-3 District and the rest of the greater downtown, not two different sets of numbers, as implied by the commenters. Third, the 2000+ scenarios in the Mission Bay Special Studies account for full build-out of Mission Bay beyond the year 2000; therefore a corresponding growth scenario for the year 2000 would be within the range of the non-C-3 estimates in the Downtown Plan EIR. Full build-out of Mission Bay (beyond 2000) will be evaluated in the Mission Bay EIR.

With this detailed explanation, it becomes clear that the special studies, prepared for planning purposes, are not appropriately used to update cumulative analyses in the Downtown Plan EIR. When the Mission Bay Draft EIR is prepared and published, it may provide such an update.

Following preparation of employment estimates for the Mission Bay Special Studies, considerable time was spent preparing and refining forecasts of employment for the greater downtown area, including Mission Bay, for 1985-2000. These forecasts include employment expected in the portion of Mission Bay development expected to be built, occupied, and absorbed over that time frame. Essentially final forecasts were received in mid-February. While they may be revised slightly between now and publication of the Mission Bay Draft EIR in fall of 1987, they are not expected to be

VIII. Summary of Comments and Responses

significantly different. The forecast results show that, based on employment decline in the C-3 District from 1981-1985, total future employment in the C-3 District in 2000 is likely to be lower than was forecast for the Downtown Plan EIR. Depending on the alternative development scenario used for Mission Bay, C-3 district employment in 2000 would range from about 331,150 to about 331,525, a net increase of about 69,180 to 69,550. Total greater-downtown employment, including Mission Bay, is forecast to range from 439,891 to 444,547, a net change of 98,158 to 102,814. (This information is found in a Memorandum from Recht Hausrath & Associates to Alec Bash and others dated January 23, 1987, and revised February 12, 1987.) This new employment information shows that employment forecasts used in the

TABLE C & R-1: COMPARISON OF C-3 DISTRICT EMPLOYMENT ESTIMATES FROM THE DOWNTOWN PLAN EIR AND THE MISSION BAY SPECIAL STUDIES

<u>Downtown Plan EIR</u>			<u>Mission Bay Special Studies</u>		
1981	270,370	(derived from published data)	1981	270,370	(derived from published data)
1984	286,130	(estimated from simple extrapolation 1981-2000 forecast)	1985	264,760	(derived from published data)
2000	376,420	(forecast)	2000+	376,420	(forecast)
Change 1981-2000	+106,050		Change 1981-2000+	+106,050	
Change 1981-1984	+15,760		Change 1981-1985	-5,610	
Change 1984-2000	+90,290		Change 1985-2000+	+111,660	

NOTE: The estimates in this table include both employment and annual average construction employment.

SOURCE: Recht Hausrath & Associates

VIII. Summary of Comments and Responses

Downtown Plan EIR overestimated the amount of employment likely to be found in downtown in the year 2000. This probably means that some impacts were also overestimated in the Downtown Plan EIR. Both the employment growth and associated impacts would be likely to occur further in the future, several years after the year 2000.

The Department has also prepared and circulated the South of Market Plan: Proposal for Citizen Review (June 1985). As with Mission Bay, implementation of this or a revised plan would require an amendment of the City's Master Plan by the City Planning Commission and approval of ordinances amending the City Planning Code and the Zoning Map by the Commission, the Board of Supervisors, and the Mayor. Interim controls, based on the Plan with some modifications, were adopted on October 21, 1986, for an 18-month period. Unlike the Mission Bay Plan, the result of adoption of permanent controls would not be a development agreement for construction of a specific list of buildings and amenities. Therefore, the environmental analysis of the South of Market Plan will be at a somewhat more general level than the analysis in the Mission Bay EIR. The EIR for the South of Market Plan is being prepared by Department staff, using some materials from specialized consultants. Estimates of employment growth to the year 2000 under the South of Market Plan have been prepared for the South of Market EIR. The estimates for this planning area alone show an increase of less than 8,000 permanent jobs and an increase of approximately 1.3 million sq. ft. of occupied and absorbed building space for all land uses. Most of this increase in space occupancy -- greater than 60% -- is expected to result from occupancy of existing vacant or underutilized space. When viewed in relation to the greater downtown, including Mission Bay, the South-of-Market area contribution to cumulative growth is relatively limited.

Proposition M, approved by the voters in November 1986, would limit the amount of office space that could be developed in both the South-of-Market area and the Mission Bay area because the proposition imposes a limit on the total amount of office space that can be approved in any one year in the city. Therefore, overall cumulative effects resulting from office employment would probably be somewhat

VIII. Summary of Comments and Responses

reduced compared to those estimated without Proposition M. The EIRs for the two planning areas will assume development without Proposition M constraints on office space expansion in those areas in order to provide disclosure of the greater impacts that could result without the growth limitation. However, if Proposition M remains in effect, employment growth related to office development in both areas is likely to be slower than either the amount forecast in the respective EIRs or the amount estimated in the Downtown Plan EIR for the areas outside the C-3 District.

Neither of the environmental analyses on the two planning areas are near publication. The South of Market Area Plan Draft EIR is expected to be available in the summer and fall of 1987; the Mission Bay EIR will probably be available in fall 1987. Therefore, detailed cumulative environmental impact analysis is not available as of publication of this document. However, on the level of regional cumulative development, there are methods for predicting, in a general way, the transportation impacts of expected growth in regional economic activity, including activity at Mission Bay, for example, before Mission Bay EIR analyses are completed and published. Forecast methods, such as that used in the Downtown Plan EIR and in this EIR, account for this kind of potential, but somewhat speculative and non-specific, development. In the absence of precise forecasts or estimates of amounts and types of land uses or transportation facilities and development which might occur in the area by the year 2000. For example, as noted on p. C&R-B.38 of the Downtown Plan EIR: "The EIR analysis does not ignore 'half the downtown growth,' the growth in 'functionally connected areas,' the cumulative list of major projects or Mission Bay. . . . The effects of all of these plans and projects on the economic dynamics of downtown development are incorporated in the EIR analyses and C-3 District forecasts." (See also, e.g., Downtown Plan EIR, pp. IV.C.35-36, IV.C.50, IV.D.60, C&R-B.37-43, C&R-B.56-59, C&R-B.75-76, and C&R-B.77-78, and note /42/, IV.D.81d.)

To require that the regional cumulative impacts of alternative development scenarios be fully analyzed for the Mission Bay planning area or the South of Market planning area as part of an EIR on an individual building proposal in the greater downtown area prior to availability of such an analysis in an EIR on the respective planning areas themselves would be a de facto moratorium on building approvals until those EIRs on

VIII. Summary of Comments and Responses

planning areas were completed. A more reasonable approach is to use the cumulative impact analysis available in the Downtown Plan EIR until a more detailed and final analysis of cumulative impacts, specifically including the South of Market Plan and specifically including the Mission Bay project, is prepared, and to incorporate preliminary information from the Mission Bay and South of Market planning efforts as that information becomes available in usable form. As explained above, there is no new analysis available with which to update the information provided in the Downtown Plan EIR on cumulative impacts of development. Based on preliminary employment estimates for 1985, it seems clear that the employment forecasts in the Downtown Plan EIR, on which much of the cumulative analysis was based, were conservative and may have somewhat overestimated employment growth over the analysis timeframe.

Over the past several months, additional data has been released by transportation agencies that should be reviewed and provided for informational purposes. BART ridership declined following a fare increase in January 1986, Bay Bridge p.m. peak traffic increased between 1982 and spring 1986, and Golden Gate Transit has announced a reduction in service due to ridership declines and related income losses. The Golden Gate Transit situation may change in the near future, however, as a ballot measure is planned to request a sales tax increase in Marin/Sonoma by one-half cent, to six and one-half cents, for transit purposes similar to other Bay Area counties.

Transportation conditions are fluid and are subject to constant fluctuation due to circumstances that cannot always be detailed, but which affect travel behavior. Since transportation analyses evaluate a fixed set of circumstances, they cannot account for all possible changes in travel variables. Often such changes have a "push-pull" relationship over the short term, whereby they generate improved operating conditions on one part of the overall transportation system at the expense of the operating conditions of another part.

This back-and-forth relationship is illustrated by recent changes in traffic flows and transit use in the East Bay/San Francisco corridor. Data from the Metropolitan Transportation Commission through spring 1986, indicate that Bay Bridge vehicle

VIII. Summary of Comments and Responses

volumes have increased between 1982 and early 1986. At the same time, beginning in January 1986, BART ridership declined. Thus, service levels on BART improved for the remaining passengers at the same time that bridge traffic increased.

Transportation experts have advanced several reasons for the shifts. Increased driving is probably due in part to the drop in gasoline prices, particularly for drivers travelling longer distances who would be most discouraged from considering transit as an alternative. At the same time, BART fares increased by 30%, adding to the economic incentive. BART average weekday patronage reached its lowest point in June 1986, and has been increasing since then, although levels have not yet returned to pre-fare increase levels. It is interesting to note that gasoline prices have also gradually increased since September 1986, although there is no statistical measure of correlation between ridership and fuel prices. There is also no new information on Bay Bridge travel since spring 1986, so it is not known whether increases in BART patronage have been accompanied by decrease in bridge traffic.

Bay Bridge traffic had actually increased beyond calculated design capacity as of spring 1986. This could be due to changes in driver behavior (e.g., that drivers are driving faster within closer proximity to each other) and acceptance of higher congestion levels than were factored into Caltrans' definition of capacity.

AC Transit has also experienced a drop in transbay patronage, due in part to an increase in "casual" and formal carpooling. Though more pronounced in the morning westbound direction, patronage has also declined in the evening eastbound direction. The cost advantages of money and time (no bridge toll or bus fare, usage of HOV lanes, no waiting for buses) make carpooling particularly attractive. It is likely that reduced BART ridership, particularly from Contra Costa stations, is also partially due to increased carpooling. Some of the drop in transit patronage is also likely to be attributable to the drop in employment in downtown San Francisco over 1981-1985.

Within the context of long-term forecasts and impact analyses, it should be anticipated that contrary short-term fluctuations will occur. As freeway congestion and fuel prices increase, the incentive will shift towards transit and ridership will

increase. It is simply not possible to account for all of these short-term changes in transportation mode in preparing a long-term analysis of cumulative transportation impacts resulting from employment growth.

B. PROJECT DESCRIPTION

SPONSOR'S OBJECTIVES

Comment

"Throughout the EIR, reference is made to the project sponsor's objectives to meet increasing demands of the Saint Francis Memorial Hospital 'community,' meet the increasing demands for outpatient services, etc. Nowhere, not even in the No Project Alternative, does the EIR provide information or assess such claims which constitute the very foundation of the proposed project and, thus, the resulting environmental impacts on the immediate neighborhood. It is imperative to have such critical information in order to assess the project itself and analyze realistic alternatives to the project as currently proposed (such as a smaller MOB). This is especially significant for a neighborhood association which has witnessed medical facility expansion in other areas of San Francisco -- taking over and irreparably altering individual neighborhoods." (Dorothy Dana, NHN)

Response

The commenters reference is to the project sponsors objectives, stated in the first paragraph on p. 11 of the EIR: "The project sponsor's objective is to provide sufficient health care facilities (in particular, outpatient medical office space) to meet the increasing medical demands of the Saint Francis Memorial Hospital service community."

Under CEQA guidelines, the role of the EIR is to provide an analysis of the environmental effects of a project; an evaluation of the sponsor's justification for the need for a project is not an appropriate part of the environmental review process. An

evaluation of the need for and merits of the project will be conducted as part of the project review process. The City Planning Commission, in its decision regarding project approval or disapproval would make a determination as to the merits of the project. See the response on p. 151 under Project Approvals.

Comment

"The EIR states that the project would serve residents of Nob Hill, Polk Gulch, and the Tenderloin without presenting information to support this conclusion, particularly insofar as the Polk Gulch and Tenderloin communities are concerned. Is there documentation showing that some quantifiable proportion of residents of a neighborhood patronize the nearest medical facilities? Is it not more reasonable to assume that patients of private doctors go where their doctors have offices and hospital privileges? What is the likelihood that residents of the Polk Gulch and Tenderloin areas would visit doctors in private practice at the Saint Francis MOB or hospital as opposed to visiting low-cost, walk-in clinics or belong to HMOs, such as Kaiser? To what extent, therefore, can the proposed project be justified in terms of providing health care to the neighborhood populations named in the EIR?

"The EIR reports that about 66 percent of patients visiting doctors at 909 Hyde Street, (the existing MOB) and about 75 percent of individuals using outpatient services at the Pierotti Pavilion live in San Francisco. The EIR further reports that about 30 percent of the 75 percent of San Franciscans visiting the Pierotti Pavilion live in the northeast quadrant of the City. These estimates indicate that a very small proportion of visitors to St. Francis' facilities come from the area which the hospital purports to serve, thus throwing into question whether the proposed project would expand medical services available to nearby residents as claimed by the project sponsor." (Dorothy Dana, NHN)

Response

The commenter is referencing Table C-6, Residential/Origin of Trip Distribution for Saint Francis Hospital and Medical Office Building, on p. A-42 of the EIR. The survey results outlined in Table C-6 represent the point of origin for patient and

visitor trips to Saint Francis Hospital and the existing 909 Hyde St. medical office building. Patients could be traveling to the hospital from work, home or from other locations. The survey did not ask patients and visitors where they resided. However, the survey questionnaires did ask physicians, nurses, and other staff the location of their residence. The results of the survey shown in Table C-6 indicate that most of the hospital's outpatients and medical office building patients and visitors are from points in San Francisco, with the greatest proportion of these patients coming from northeastern San Francisco, the quadrant which includes the hospital.

It should be noted that the Hospital's Institutional Master Plan identifies the northeastern portion of San Francisco as the Hospitals' "primary service area," as it is the only acute-care facility in that area of the City. However, its specialized medical services attract patients from elsewhere in San Francisco and the Bay Area.

PROJECT CHARACTERISTICS

Comment

"The hospital proposes 1,900 sq. ft. of retail space (and Alternative D.1 assumes that the amount of retail space would be more than doubled to 5,435 sq. ft.) What type(s) of tenant(s) would be expected to rent this space? There already are two pharmacies in the immediate vicinity: one in the existing MOB at Bush and Hyde Sts., and one at the corner of Bush and Leavenworth Sts. In the meantime, commercial space in apartment buildings owned by the hospital on Hyde at Pine (formerly a coin-operated laundromat) and facing Pine Street (formerly an insurance agent and travel agent) have been vacant for years. Only one shop has opened in St. Francis-owned commercial space recently -- a flower and gift shop which replaced a long-absent optometrist.

"Alternative D.1 would more than double the amount of commercial space proposed and in doing so would be able to accommodate a use requiring a larger area, such as a durable medical (home-use equipment supplier). In reporting this, the EIR fails to note that such

a commercial use would not be a neighborhood-serving retail use which the hospital suggests would be provided in the MOB." (Dorothy Dana, NHN)

Response

A tenant for the retail space in the proposed Medical Building has not been secured at this time. However, as indicated on p. 13 of the EIR (Project Characteristics) and discussed on p. 49 (Zoning Impacts), it is the intention of the project sponsor that the retail space in the proposed medical building would provide commercial space for an establishment which would serve the needs of the surrounding residential neighborhood. Under the site's RC-4 zoning designation retail, personal service, or other commercial establishments which are permitted as a principal use in a C-2 district (with the exception of drive-up uses) are permitted uses on the ground-floor of the building.

One large tenant or two or three smaller tenants could be accommodated in the retail space included in Alternative D.1. These smaller tenants could be neighborhood-oriented uses. The reference to a durable medical (home use) supplier, at the bottom of p. 113, is deleted (see also response on p. 158 of this document). The last sentence on p. 113 of the EIR is revised to read (new language is underlined):

The larger retail space of this alternative compared to the project would accommodate a use requiring a larger area, or could accommodate two or three smaller tenants.

Comment

"TRAFFIC PATTERN: The project proposes transition from a self-parking facility of 150 spaces to a 100% valet parking plan for 355 vehicles." (Richard Grabstein)

Response

The existing parking garage is a valet parking operation with approximately 150 spaces. With the project, there would be approximately 355 valet spaces in the

VIII. Summary of Comments and Responses

garage on Pine Street. Under Saint Francis Hospital ownership, the existing parking garage has always been a valet parking operation.

COST AND APPROVAL REQUIREMENTS

Comment

"p. 98 What is the cost of the space in the office building going to be. Please compare with existing medical office building rates (Van Ness Avenue Medical Building, Post Street Medical Building - retail district, and the Sutter Street building also in the retail district) and proposed rental rates at St. Mary's and Mt. Zion." (Georgia Brittan, SFRG)

Response

As stated on the top of p. 24 of the EIR, the project sponsor anticipates office space in the medical building to rent for approximately \$22 per sq. ft. per year.

Anticipated rental rates for the St. Mary's Medical Office building and Post St. Medical Office building (Mt. Zion) are not reported in those EIRs, and are not available at this time. Rental rates for existing medical office buildings and anticipated rental rates reported in EIRs for proposed medical office buildings are determined by building owners and project sponsors, and reflect the owners or sponsor's judgment of current and future office markets. Therefore, rental rates may not be comparable, because of variability in type of office space and current or expected tenants. Economic assessment of a project, although it may be of interest to the public, is not an issue that needs to be covered in an environmental evaluation of a project unless it is used to determine the significance of a physical change on the environment.

Comments

"The proposed MOB would contain more than 25,000 sq. ft. of office space. What will be the process to approve this project in view of Proposition M's provisions for office space in excess of 25,000 sq. ft." (Dorothy Dana, NHN)

"Shouldn't we start analyzing the application of Prop. M priorities in EIRs for each new project? Also, there should be discussion in this EIR on the square footage limits under Prop. M; and the process under Prop. M for choosing projects for development." (Susan Bierman, Planning Commissioner)

Response

The following text is added to discussion of Approval Requirements, beginning at the bottom of p. 24 of the EIR before the notes:

On November 14, 1986 the voters of San Francisco passed Proposition M, the Accountable Planning Initiative. It amends Section 320(g)(1) of the City Planning Code to lower the threshold for office projects subject to the annual limit from 50,000 gsf to 25,000 gsf of additional office space. Since the proposed project would add 46,645 gsf of new medical office space, it is now subject to the provisions of Sections 320 – 325 as amended by Proposition M. Proposition M also adds Section 321.1 to the City Planning Code, and reduces the approval period from three years to one year; and changes the limitation amount from 2.85 million sq. ft. of office space over three years to 950,000 gsf in each one-year period. Section 321.1 requires the adjustment of the 950,000 square foot annual limit by limiting new office space approvals to 475,000 sq. ft. annually until the total amount of space approved since November 29, 1984, is reduced to zero in annual increments of 475,000 sq. ft. Up to 950,000 gsf may be approved during the approval period ending October 1987, because no projects were approved under the Office Limitation Program during the first year period ending October 17, 1986.

Proposition M also requires that in each approval period at least 75,000 gsf of office space be reserved for buildings containing between 25,000 gsf and 49,999 gsf of office space. The proposed project would be eligible for the small building competition.

Proposition M also establishes eight Priority Policies. These policies are: preservation and enhancement of neighborhood-serving retail uses; protection of neighborhood character; preservation and enhancement of affordable housing; discouragement of commuter automobiles; protection of industrial and service land uses from commercial office development and enhancement of resident employment and business ownership; earthquake preparedness; landmark and historic building preservation; and protection of open space. Prior to issuing a permit for any project which requires an Initial Study under CEQA or adopting any zoning ordinance or development agreement, the City is required to find that the proposed project or legislation is consistent with the Priority policies. The City Planning Commission, in its decision regarding the proposed project approval or disapproval, would make a determination of the project's conformance with the Priority Policies.

C. LAND USE AND ZONING

LAND USE

Comments

"This particular project, the parking garage addition portion of it, is an extension of the hospital onto a block on which it has never had any other holdings. The property was purchased, along with several other recently purchased properties which are all appropriate for possible development of parking.

"It is the only commercial use on the block in question. And, in fact, the EIR, as it's currently drafted, does not give adequate information or guidance to the Commission or any other public body that will be considering the building project and what the effect will be on those buildings." (Richard Grabstein)

Response

The proposed parking garage addition would be an expansion of an existing parking use at that location. The parking garage is not the only commercial use on the block bounded by Pine, Hyde, California and Leavenworth Sts., as graphically illustrated in Figure 8, p. 26, and discussed on p. 25 of the EIR. There are several, neighborhood-oriented retail establishments located on the western portion of the garage addition site block, as identified in Figure 8 and discussed in the last paragraph on p. 25. In particular, there is a grocery store at the corner of Pine and Hyde Sts. Off-street parking facilities to serve a use permitted in any "R" district and community garages to serve area residents are permitted as conditional uses in all "R" districts under the City Planning Code.

The EIR discusses the effects of physical change resulting from the proposed project, including long-term, short-term, and cumulative effects. Growth-inducing effects are also discussed in the EIR (see response below). The appropriateness of the location of the proposed project, and its consistency with priority policies of the

City Planning Code as amended by Proposition M, will be considered by the City Planning Commission as part of that body's evaluation of the proposed project under the annual review and approval process of the Office Development Limitation Program (see p. 151 of this document).

Comment

"The EIR does not assess the long-term impacts of the presence of the proposed facilities on adjacent residents to determine the extent to which there would be disruptions to residents or to the residential character of the neighborhood from further institutional encroachment, intensification of development in a high density neighborhood and from day-to-day activities associated with operating the proposed facilities." (Dorothy Dana, NHN)

Response

The EIR describes the potentially significant physical environmental effects of the proposed project as required by the California Environmental Quality Act (CEQA). CEQA Section 15126 specifies that in identifying significant environmental effects of a proposed project, consideration shall be given to both short-term and long-term effects; and that discussion should involve relevant specifics such as physical changes, changes induced in population distribution, population concentration, and human use of the land; growth-inducing effects must also be analyzed.

The EIR discusses long-term impacts of the proposed project on the site vicinity. The discussion of the effects of physical change resulting from the project include shadow effects on pp. 59 to 66, including Figures 21 to 24; long-term transportation, circulation and parking effects on pp. 68 to 79, and cumulative travel impacts on pp. 79 and 80 of the EIR. Long-term effects of the project on air quality are discussed on pp. 87 to 91; operational noise effects were determined to be insignificant in the Initial Study for the project (pp. A-12 and A-13). Population and housing effects are discussed on pp. 95 to 97; potential growth-inducing effects of the project are discussed on pp. 98 and 99 of the EIR.

Comments

"Throughout the EIR, short shrift is given to the predominantly residential character of the surrounding neighborhood. Mention of the non-residential character of surrounding properties suggests that further expansion of medical facilities would not be incompatible because so many non-residential uses already exist. While the hospital is an existing use, it is not representative of the surrounding neighborhood. The project would expand non-neighborhood uses -- which the hospital concedes by proposing to increase its parking supply.

"It appears that the EIR preparers have analyzed the project sites only from the perspective of land use patterns to the south, showing little comprehension or appreciation of the incongruities of existing and proposed St. Francis facilities in relation to the urban fabric north and east of the complex." (Dorothy Dana, NHN)

Response

Discussion of existing residential uses in the vicinity of the sites, and discussion of potential impacts on existing land uses in the vicinity of the sites includes discussion of the predominance of residential uses surrounding the sites. The second sentence on p. 25 (Land Use Setting) states, "The project area, located between the Polk Gulch and Nob Hill neighborhoods, is characterized predominantly by residential apartment uses." The second sentence of the last paragraph on p. 25 states, "North and east of the parking garage addition site are residential apartment buildings, generally three to four stories in height." The last paragraph on p. 25 is revised to read (new language is underlined):

The existing parking garage at the garage addition site was constructed in 1920 as the 83-space Highway Garage. Residential apartment buildings of generally three to four stories in height are the predominant use on blocks north and east of the parking garage addition site. Retail uses are less numerous than on blocks to the south and west, and consist primarily of neighborhood-oriented retail establishments at or near corner locations on California St. and Hyde St.

The following is added as the first sentence of the first paragraph on p. 48 of the EIR:

The proposed Medical Office Building and Parking Garage Addition would represent an increase in the amount and concentration of medical office and parking uses in an area which is of predominantly residential use and character.

ZONING

Comment

"The EIR text is incorrect in stating that the 1234 Pine Street Garage site is within an 80-A Height and Bulk District (p. 13) and is inconsistent with Figure 10 (which is correct). The garage site's maximum height is 65 ft., as shown in Figure 10 which also illustrates the extent of the exemption from the Slopes of Nob Hill Rezoning granted to the hospital." (Dorothy Dana, NHN)

Response

The second half of the second paragraph on p. 13 of the EIR is revised to read (new language is underlined), and the first sentence of the first paragraph on p. 3 is deleted and is replaced with the following:

The two sites are in an RC-4 (Residential Commercial Combined, High Density) District. The medical building site is in an 80-A Height and Bulk District, where the maximum allowable height is 96 ft. including an optional mechanical penthouse of up to 16 ft. in height. The parking garage addition site is within a 65-A Height and Bulk District, in which the maximum allowable height is 65 ft.

The second sentence of the fourth paragraph on p. 27 of the EIR is revised to read (new language is underlined):

The medical building site is within an 80-A Height and Bulk District (see Figure 10, p. 29), in which the allowable height is 96 ft., including an optional mechanical penthouse level of up to 16 ft. in height.

VIII. Summary of Comments and Responses

The following is added as a new third sentence in the fourth paragraph on p. 27:

The parking garage addition site is within a 65-A Height and Bulk District, in which the maximum allowable height is 65 ft.

The top of the fourth column (Height-allowable) of Table 1 on p. 18 of the EIR is changed to 65 from 80 (ft.).

Comment

"ZONING: Perhaps the most remarkable statement in the report is in the first paragraph at the top of p. 49. All descriptions of the PGA [Parking Garage Addition] indicate that it will rise directly above the present garage at all of its exterior walls. The proposed addition will be 3 ft. above the portion below the 40' limit for uses not requiring a Conditional Use authorization. It is very difficult to conceive of how the dimensions below 40' differ from those above 40' upon a straight walled design. How then could the portion of the design above 40' measure 84' in length while that below 40' measures 136' in length? How could the diagonal dimension be 86' above 40' and 160' below?"

(Richard Grabstein)

Response

The second and third sentences of the first paragraph on p. 49, state: "The code-measured length and diagonal dimension of the parking garage (i.e., for that portion above 40 ft. in height), including the proposed addition, would be a length of about 84 ft. and a diagonal dimension of about 86 ft. (Section 260(a(3)) of the City Planning Code). The length and diagonal dimension of the portion of the parking garage below 40 ft. in height would be about 136 ft. and about 160 ft., respectively."

The bulk dimensions above 40 ft. in height differ from those below 40 ft. in height because height, as defined in Section 102.11 of the City Planning Code, is the vertical distance by which a building rises above a certain point of measurement. Section 102.11(c) of the Code, defines the point of measurement in relation to ground elevation for an upward sloping lot. The parking garage addition site slopes upward

toward the northeast from Pine St. For the parking garage addition site, the length and diagonal dimension measurement of 84 ft. and 86 ft., applies to that portion of the garage addition which would be above 40 ft. in height as measured from midpoint along the width of the site frontage on Pine St.

The first paragraph on p. 49 is revised to read (new language is underlined):

The length and diagonal dimensions of the portion of the medical building above 40 ft. in height would be about 108 ft. and about 125 ft., respectively. The parking garage addition site slopes upward toward the northeast from Pine St. Section 260(a) and Section 102.11(c) of the City Planning Code specify for an upward-sloping lot, that height is measured in relation to ground elevation at the mid-point of the site frontage for the closest part of the building within 10 ft. of the property line, and at the average of the ground elevations at either side of the building at each cross section parallel to the street elevation. Therefore, only the portion of the garage adjacent to Pine St. exceeds a code-measured height of 40 ft. For this portion, the code-measured length and diagonal dimension would be about 84 ft. and about 86 ft., respectively. The length and diagonal dimension of the portion of the parking garage below 40 ft. in height would be about 136 ft. and about 160 ft., respectively.

MASTER PLAN

Comment

"How would the project respond to Objective 8 of the Commerce and Industry Element? How would the project respond to this objective if the ground floor commercial area on Hyde and Pine Sts. was leased?" (Dorothy Dana, NHN)

"The EIR states that Objective 9, Policy 2 of the Commerce and Industry Element discourages extension of needed health and educational services but that expansion should be managed 'to avoid or minimize disruption of adjacent residential areas' (emphasis added). The EIR concludes that construction of the project would not displace residential units." (Dorothy Dana, NHN)

Response

Discussion of the relationship between the proposed project and Objectives and Policies of the Commerce and Industry Element of the Master Plan begins in the last paragraph on p. 49 of the EIR, and continues through the first two paragraphs on p. 50. The commenter refers to Objective 8 of the Commerce and Industry Element, which states, "maintain and strengthen viable neighborhood commercial districts readily accessible to City residents.", and Policy 1 of this objective, states, "promote the multiple use of neighborhood commercial areas with priority given to neighborhood-serving retail and service activity." The ground-floor retail space in the proposed medical building is intended to respond to Objective 8, specifically Policy 1. As stated in the fourth sentence of the last paragraph on p. 49 of the EIR: "The retail space on the ground floor of the medical building is intended to provide a commercial establishment which would serve the needs of the surrounding residential neighborhood." It is not possible to predict what type of retail tenant would desire space in the medical building; however, because of the relatively small area of the commercial space which would be provided (1,900 gross sq. ft.); a possible tenant could be a neighborhood grocery store, cafe/deli, or similar retail business. The additional daily population of employees, patients and visitors in the area due to the proposed project would be likely to increase the demand for retail goods and services, and thus would increase the likelihood of existing vacant retail space owned by the Hospital (referred to by the commenter) being leased (see also response to related comment on p. 149 of this document).

Policy 2 of Objective 9 of the Commerce and Industry Element states, "Encourage [emphasis added] the extension of needed health and educational services, but manage expansion to avoid or minimize disruption of adjacent residential areas." As stated in the first two full sentences of the first paragraph on p. 50 of the EIR, the proposed medical building and parking garage addition would be an expansion of the Hospitals' medical office, lab and therapy clinic, and parking uses, without requiring the displacement or demolition of existing residential uses. The proposed medical building would replace a parking facility.

HOSPITAL INSTITUTIONAL MASTER PLAN

Comment

"The project description has been defined too narrowly, and the EIR focuses solely on the proposed construction of a six-story medical office building (MOB) and two story addition to the 1234 Pine Street Garage. Consequently, the EIR treats the hospital's 1985 Master Plan piecemeal and is deficient in assessing the cumulative effects from build-out as proposed by the 1985 Master Plan. In order to address the environmental impacts of the proposed project adequately in the context of the Master Plan, the EIR, at the very minimum, must analyze development of four additional stories (one under construction) at the Pierotti Pavilion, the currently proposed MOB, and the Pine Street Garage." (Dorothy Dana, NHN)

"We feel that the project description in the EIR should be expanded to include, at a minimum, all the properties and proposed projects owned by St. Francis. That also includes the property at 1400 Pine Street which is not included in the Master Plan. It was purchased after the Master Plan." (Louise Nichols, NHN)

"p. 97 Please describe the other parts of the St. Francis Memorial Hospital's Master Plan of which this project is 'part'." (Sue Hestor, SFRG)

"Why does this excessive expansion of hospital facilities onto a previously undisturbed residential block take place when the hospital has recently purchased a property previously used for parking (corner of Pine and Larkin Sts.) which is equally accessible to the medical office building? Why has the hospital removed the then existing 60 to 93 parking spaces from the available parking spaces inventory? Why is not this property adequately identified and described in any maps and diagrams of various descriptions in which it might appropriately be found?

"Is this another example of what occurred when St. Francis improvidently and without sound and thorough master planning acquired huge stocks of residential and undeveloped property on the block bounded by Hyde, Bush, Pine and Larkin Streets? All plans

VIII. Summary of Comments and Responses

associated with that land grab seem to have been abandoned. It should be incumbent upon the hospital to adequately provide a master plan for all those properties prior to rushing through a proposal to concentrate all necessary and substantial excess parking on a newly invaded block.

"The project as proposed and as modified by most of its ALTERNATIVES is undoubtedly a project of major environmental impact not to be undertaken without serious appraisal of its place among the overall development of St. Francis Hospital properties. As required by the MANDATORY FINDINGS OF SIGNIFICANCE of the Study (85.244E) at p. A-30 of the DRAFT EIR, the DRAFT was required to analyze possible environmental effects 'in light of past projects, other projects, other current projects, and probable future projects.' This has not been done nor has full disclosure of the probable uses of the substantial additional properties of the hospital been described or their coordination with this project revealed.

"At the mandatory findings of significance in the proceedings leading up to the requirement for this report, at mandatory findings No. E-3, the staff required that this EIR deal with this project in light of past projects, other current projects and probable future projects. Today, on the 1:30 calendar, this commission heard and approved the temporary Conditional Use of the lot at the corner of Pine and Larkin which was recently purchased by the hospital for temporary parking. ...That is not touched on in this EIR.

"The Pavilion, occupying an extremely large ground area site, significantly under-utilizes space available for parking within the footprint of the main hospital facility. This hospital has repeatedly acquired parking sites and has several in inventory at this time. Why does it now rush to install itself on a previously residential block which contained a modest parking facility not interfering in any way with its neighbors' environment?"
(Richard Grabstein)

"The EIR reports that the location of parking for the approved additional three levels of the Pierotti Pavilion would be decided by the hospital prior to building those levels. Why has such a significant issue been delayed rather than being assessed in the EIR; what is the purpose of preparing an institutional master plan if it is not to identify such issues and explore alternatives to providing adequate parking.

VIII. Summary of Comments and Responses

"To compound the omission in the EIR of the Pierotti Pavilion additions, the hospital's Master Plan already is outdated. St. Francis purchased a site at 1400 Pine Street (AB 645, Lot 4) in July, 1986, a parcel not covered by the 1985 Master Plan. It was purchased following publication of the City's Initial Study in November, 1985; nevertheless, the EIR was published four months after this parcel's purchase and reported that the hospital was seeking Conditional Use authorization to use the parcel temporarily for parking. In fact, the Planning Commission's public hearing on the Conditional Use application was held December 11 rather than awaiting the outcome of the project sponsor's environmental review then underway when it would have been more appropriate to consider all the hospital's pending applications at the time of project review, following certification of the Final EIR.

"Although the hospital "has not decided what permanent use would be appropriate" for the 1400 Pine site, the EIR also reports that "temporary parking use would be for a period of about two years." Such a short period suggests that the hospital does indeed have some idea about the long-term use of the site but is disinclined to make that information public at this time in the event that environmental review of its combined building program would be required. Furthermore, the Final EIR should report on the outcome of the CU application hearing held December 11.

"Readers of the EIR unfamiliar with the 1985 Master Plan would be unlikely to know that the surface parking lot east of 1355 Pine Street will be used for parking while "future [development] alternatives under consideration will respond to health care demand". The significance of that statement with respect to the 1400 Pine parcel is that the hospital persuaded the City Planning Commission and Board of Supervisors to exempt it and St. Francis' other properties from the Slopes of Nob Hill Rezoning. As a result, properties covered by the Master Plan plus the newly acquired 1400 Pine parcel retained their 80-foot height limits while the surrounding residential neighborhood was rezoned 65 ft.

"The EIR makes only passing reference to the probability that development ultimately will occur at 1400 Pine and adjacent to 1355 Pine, as well as at the Pierotti Pavilion and the two sites defined as the project addressed in this EIR. Instead, the EIR concludes that

VIII. Summary of Comments and Responses

project-induced impacts resulting only from the proposed MOB and garage addition would be insignificant. Without assessing the combined impacts from all the presently proposed and reasonably expected uses, however, it is not possible to analyze the magnitude of cumulative impacts from medical facility expansion and intensification of institutional uses in a high density residential neighborhood.

"Nob Hill Neighbors' review of the November 28, 1985 Initial Study arrived at the same conclusion -- that the scope of work identified for the EIR was inadequate due to the definition of the project. At that time we observed that the Master Plan itself had been revised substantially since the last time any of the Plan's elements had been reviewed in an EIR. Subsequent property acquisition means that further revisions of the Master Plan are needed now in order to define the hospital's long-term building program in our neighborhood. Moreover, Nob Hill Neighbors remains in the dark about St. Francis' plans for the apartment buildings located 935, 945, 955, and 965 Hyde Street, 1171 Bush Street, and 1355 Pine Street.

"Furthermore, previous environmental documentation for St. Francis projects was prepared prior to decisions on legal challenges of other EIRs prepared in the City requiring analysis of cumulative impacts of projects in City EIRs. Consequently, previous environmental documents prepared for St. Francis Memorial Hospital are inadequate for use as 'program' or 'tiered' EIRs at this time; in other words, previously completed environmental analyses do not provide sufficient bases for focusing this EIR solely on two building components of St. Francis' 1985 Master Plan.

"In light of these comments, Nob Hill Neighbors contends that the City cannot certify an EIR for St. Francis Hospital's expansion program until the project description and the environmental analyses have been completely revised to examine an updated, long-term Master Plan covering all the hospital's properties together with the specific building programs the hospital proposes to pursue during the short-term period (approximately three to five years)." (Dorothy Dana, NHN)

"Our main concern with the EIR, really, is the fact that it doesn't deal with the cumulative impacts of the hospital's building program as described in the 1985 Master Plan. The Master Plan -- well, as a result of not dealing with the cumulative impacts, we can't really assess the order of magnitude of what these two facets of the whole building program will be. What the impacts will be.

"One of the other problems that we have with the narrow focus of the EIR, on just two building projects under the 1985 Master Plan, is that previous EIR's didn't look at similar kinds of projects, and the land holdings were different. Which means that there is no environmental document on which the current EIR can be tiered, or on the basis of which a program EIR and a subsequent project EIR can then give an idea of the cumulative impacts and the magnitude of the development.

"Nob Hill Neighbors does want to request that a full EIR be prepared on the entire 1985 Master Plan. Then the cumulative impacts and all the alternatives that are reasonable and practical for this sort of project can be analyzed." (Louise Nichols, NHN)

"That is not touched in this EIR ... any of the other long-term Master Plans which are appropriately part of this report in light of the tremendous property holdings of the hospital on the blocks surrounding its main facility which have been the subject of prior Master Plans which have risen and fallen like a deck of cards regarding this property." (Richard Grabstein)

"The Institutional Master Plan material caught my attention. That ordinance was passed after bloody experience on hospital expansions in the Seventies. It required institutions to give long advance notice of their plans. They couldn't come in for any application until six months after all of their revisions were up to date.

"I think the Institutional Master Plan is falling through the cracks in the department. It's my understanding that this hospital and other hospitals have not fully complied. There are a lot of satellites for virtually every hospital. Anyone who rides a Muni bus knows of all those placards inside that talk about all of the satellites that all of the hospitals are doing off-site.

VIII. Summary of Comments and Responses

"If this hospital has not updated its Institutional Master Plan in full, this EIR should not have even been issued. I would expect the staff, in the revision of the EIR, to put in much more than what is in the EIR right now in terms of the Institutional Master Plan. Put in a map in the EIR to describe the boundaries of the hospital, to describe that little parking lot that you dealt with at 1:30, and to describe any satellite facilities.

"It's not only this institution that is a problem, it's probably 80 percent of the other hospitals. They don't have their satellites. Those satellites are causing pressures on communities as well. I think that you need to go back and redo the EIR in light of what the requirements of the Institutional Master Plan ordinance are.

"If this project isn't current, you cannot legally consider it. You shouldn't even be issuing an EIR. It's a six-month lag time to let the neighborhood know and let the department try and figure out all of the cumulative impacts of all the institutions." (Sue Hestor, SFRG)

Response

St. Francis Hospital, as a medical institution, is subject to requirements of Section 304.5 of the City Planning Code pertaining to institutional master plans. The purpose of the institutional master plan requirement and procedures is to provide early notice and information to the public and to the City Planning Commission of an institution's development plans and programs. The City Planning Code provides for an orderly process with public notification and opportunity for public comment. The institutional master plan is, however, only an informational document. It is not approved or adopted by the City. Therefore, the plan is not subject to the environmental review requirements of CEQA.

Individual development projects, when they are formally applied for, are subject to environmental review. Thus, an EIR was prepared and certified on the Pierotti Pavilion project (EE74.268, certified April 22, 1976), and this EIR has been prepared on the Hospital's current development project of a medical building and parking garage addition. This EIR is not a tiered or program EIR as stated by the commenter. It does not incorporate or reference the analysis of the earlier EIR

(EE 74.268) on the Pierotti Pavilion. It is a project EIR on the medical building and garage addition. This EIR does analyze the environmental effects of recent projects in the area which will contribute to cumulative environmental effects. The only past, present or future project under development in the area within two years of the subject project is the construction of the additional level to the Pierotti Pavilion now under construction. The localized cumulative traffic impacts of that project in combination with the proposed project are analyzed in this EIR on pp. 79 to 80. This EIR does not include the final three levels of the Pierotti Pavilion expansion in the cumulative analysis because the Hospital, based on current needs, does not anticipate construction of these additional levels within the reasonably foreseeable future.

Several of the commenters stated that the Hospital's Institutional Master Plan (IMP) is out of date and inadequate. The Hospital's most recent revision to their IMP was published in 1985. The required public hearing on that Plan was held on July 25, 1985 before the City Planning Commission. Comments on the content of that Plan and on the Hospital's objectives and development proposals would have been properly made at that time. The Zoning Administrator has determined that the Hospital is in compliance with the Planning Code's Section 304.5, Institutional Master Plan provisions and that their 1985 Master Plan satisfies those requirements. Thus, the City Planning Commission may properly consider the Hospital's Conditional Use application for the project analyzed in this EIR after certification of this EIR. The Hospital's current, 1985 Institutional Master Plan, including records of public hearing testimony, is on file and available for public review at the Department of City Planning, 450 McAllister St., San Francisco. For the readers convenience, pp. 23 to 25 of the 1985 Master Plan are reproduced as pp. 167 to 169 of this document.

The only development projects contained in the 1985 Master Plan are: 1) The medical building and parking garage addition which is the subject of this EIR; and 2) the four additional levels of the Pierotti Pavilion. As explained above, environmental review was conducted previously on the Pavilion project and the one level currently under construction is analyzed under cumulative impacts in this EIR. The 1985 Master Plan does not propose any other development projects. The Plan specifies that the apartment buildings at 935-969 Hyde St. are to remain. The Plan also proposes to

VIII. Summary of Comments and Responses

"Preserve the existing housing supply" (p. 24). The parking lot on the south side of Pine St. adjacent to 1355 Pine St. is also to remain in its present use indefinitely as is the 909 Hyde St. medical building. At such time as the Hospital management has formally adopted any substantial revisions to their plan for any of their properties, then a revised IMP would be required under Section 304.5(b)

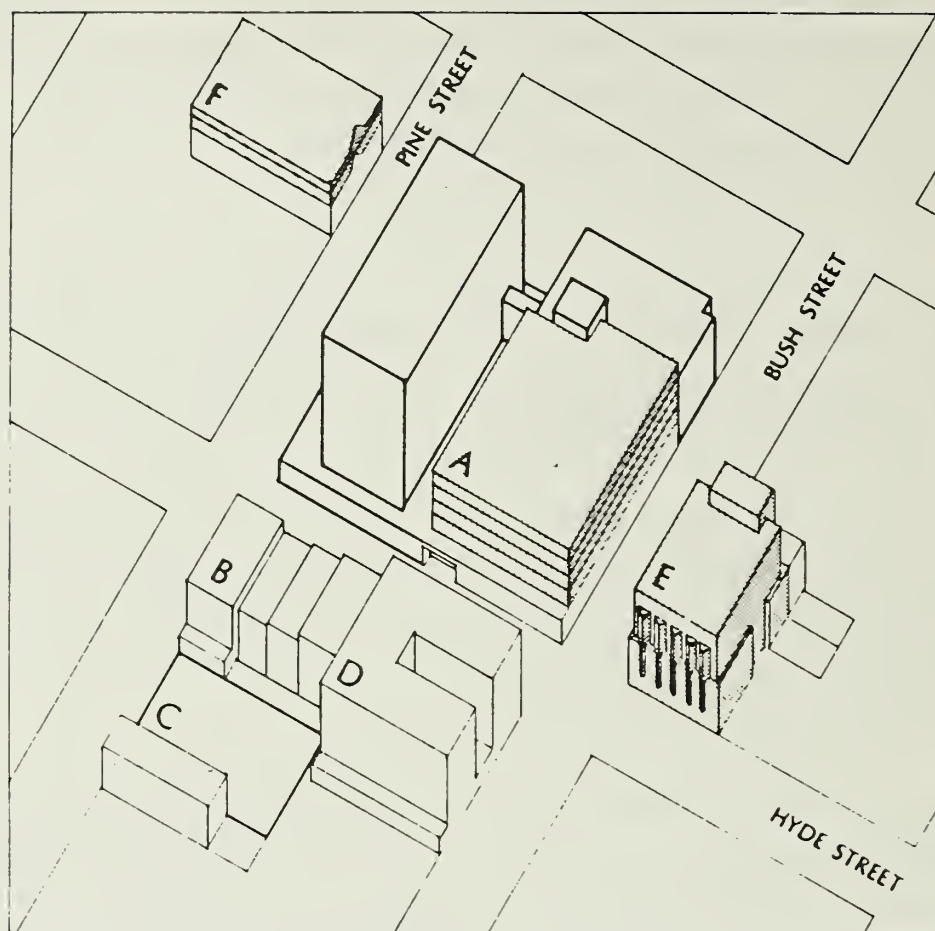
Figure C & R 1 has been added on p. 170 of this document to show all properties currently owned by the Hospital and their current and proposed uses. The Hospital does not operate any leased satellite medical facilities. Pages nine and ten of the 1985 Master Plan are also reproduced on pp. 171 and 172 of this document for the information of the commenters as they contain more detail about existing facilities and the date of acquisition of each property. The Hospital owns six apartment buildings in the Hospital vicinity containing a total of 77 units. The buildings were acquired from 1973 to 1982, a time span of 11 years. The parking garage at 1234 Pine St. was acquired in 1983, two years before the Hospital proposed the garage addition project currently under review.

To date, the only project (in the current, 1985 IMP) for which the Hospital has received approval is the construction of the Pierotti Pavilion addition. That project was analyzed in a Final Environmental Impact Report (EE 74.268, certified April 22, 1976) as mentioned above. It was approved by the City Planning Commission on April 29, 1976 (Resolution No. 7488, CU 76.9), to be built in phases. Phase 1, a basement and one-story structure of 56,000 gsf was completed in 1979. A third level addition (one of the four levels of Phase 2) of about 21,600 gsf is under construction at this time. The Hospital, as mentioned previously, does not anticipate construction of the three remaining levels of Phase 2 within the reasonably foreseeable future. However, additional construction on the Pavilion may require additional environmental review in the future if circumstances regarding environmental impacts change substantially.

Lot at 1400 Pine St. at Larkin St.

The Initial Study on the medical building and garage addition was published on November 28, 1985. In mid 1986, the Hospital purchased the lot at 1400 Pine St. at

CURRENT MASTER
PLAN PROPOSAL



1985 Proposal

- A. Four additional levels to be built in phases as determined by hospital needs (as approved in CU 76.9).
- B. Apartment buildings remain.
- C. Parking lot remains -- future alternatives under consideration will respond to health care demands.
- D. 909 Hyde Street to remain.
- E. Build new medical office building.
- F. Build two-story addition to existing parking garage.

1985 MASTER PLAN

Proposal The 1985 Master Plan presents a series of actions that will increase the Hospital's future ability to handle growing health care needs in the community. This master plan proposes to:

- Build a new medical office building on the southeast corner of Hyde and Bush with 124 parking spaces, 56,000 square feet of rentable office space, and 1,900 square feet of retail space.
- Add two levels and reinforce existing roof on Pine Street Parking Garage which will increase parking capacity by 218 additional car spaces for a total of 368 spaces.
- Carry forward plans previously approved in CU 76.9 to erect in phases four additional levels in Pierotti Pavillion. Plans will be implemented over time in accordance with hospital needs.
- Preserve the existing housing supply.
- Retain other land parcels for future development.

Objectives The primary objective of the proposed 1985 Master Plan is to provide sufficient, cost-efficient, health care facilities (in particular outpatient medical office space) to meet the increasing medical demands of the Saint Francis service community.

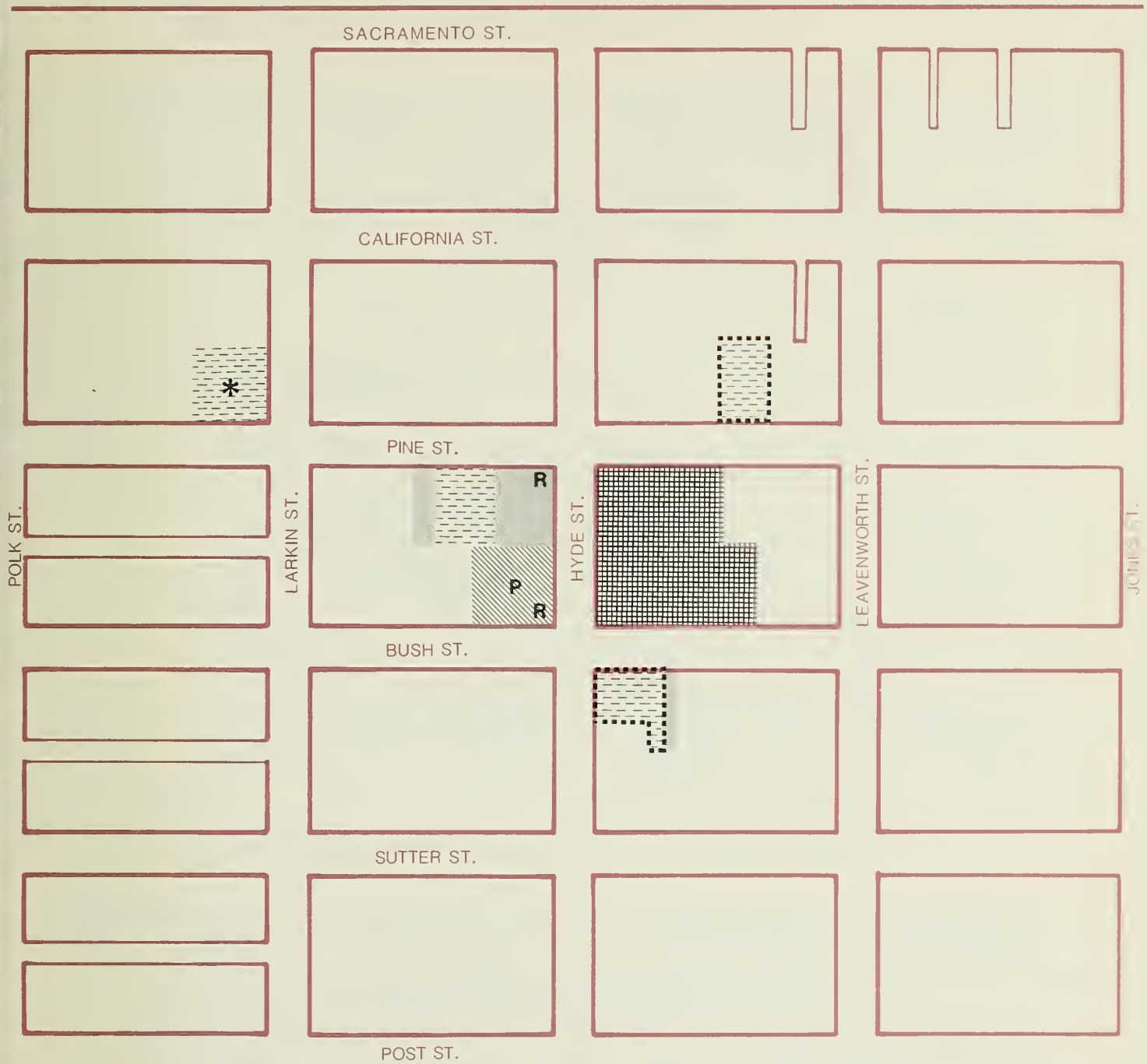
- Current national medical practices have shifted toward more outpatient treatment of procedures previously handled on an inpatient basis. In fact, outpatient services make up an increasing proportion of total hospital visits (from approximately 80 percent in 1979 to 90 percent in 1984). The revisions proposed in the 1985 master plan respond to this emerging health care trend.
- Projected population growths for the service area will increase the total amount of people requiring health care services. The Saint Francis plan addresses present health needs in addition to permitting flexibility in the meeting of future facility requirements.

1985 MASTER PLAN

- At present, medical office space around the hospital is limited in both the amount available and in individual office size. As the only MOB currently directly associated with Saint Francis, 909 Hyde Street has an insufficient total number of units to meet rising demands. In addition, office suites tend to be smaller and less suited for current medical practices.
- Advancements in technology are constantly changing the form of medical practices. This is particularly evident in the extensive amount of medical procedures now done in physicians' offices. Responding to these changes, doctors currently occupying space in 909 Hyde have voiced a need for larger offices. The proposed medical office building would offer enlarged, more efficient, and up-to-date medical facilities.
- Proximity to extensive medical facilities and other outpatient services is an essential factor in providing the best quality and most cost-efficient health care to patients. An informal survey conducted by the hospital of two medical buildings, 490 Post and 450 Sutter, showed a substantial interest by doctors to move closer to St. Francis if more office space became available. The addition of the proposed MOB will make full hospital services readily available to physicians and their patients.

The Master Plan displays the intent of Saint Francis to remain sensitive to the neighborhood both in its physical impact and in its position as a contributing member of this community. Low-rise, richly detailed, building designs reinforce existing architectural themes. In addition, Saint Francis will continue its policy of active community involvement providing educational programs such as fitness, nutrition, and CPR.

Finally, this Master Plan anticipates future as well as present parking needs by increasing the off-street parking stock in excess of standard requirements. The end result is a lessening of traffic problems in the area.



LEGEND

FACILITY USE

-  MEDICAL
-  MEDICAL OFFICE
-  PARKING
-  RESIDENTIAL

GROUND FLOOR OR BASEMENT LEVEL USE IF DIFFERENT FROM UPPER-FLOOR USE

- P** PARKING
- R** RETAIL

- *** TEMPORARY PARKING LOT FOR USE
BY CONSTRUCTION WORKERS ONLY

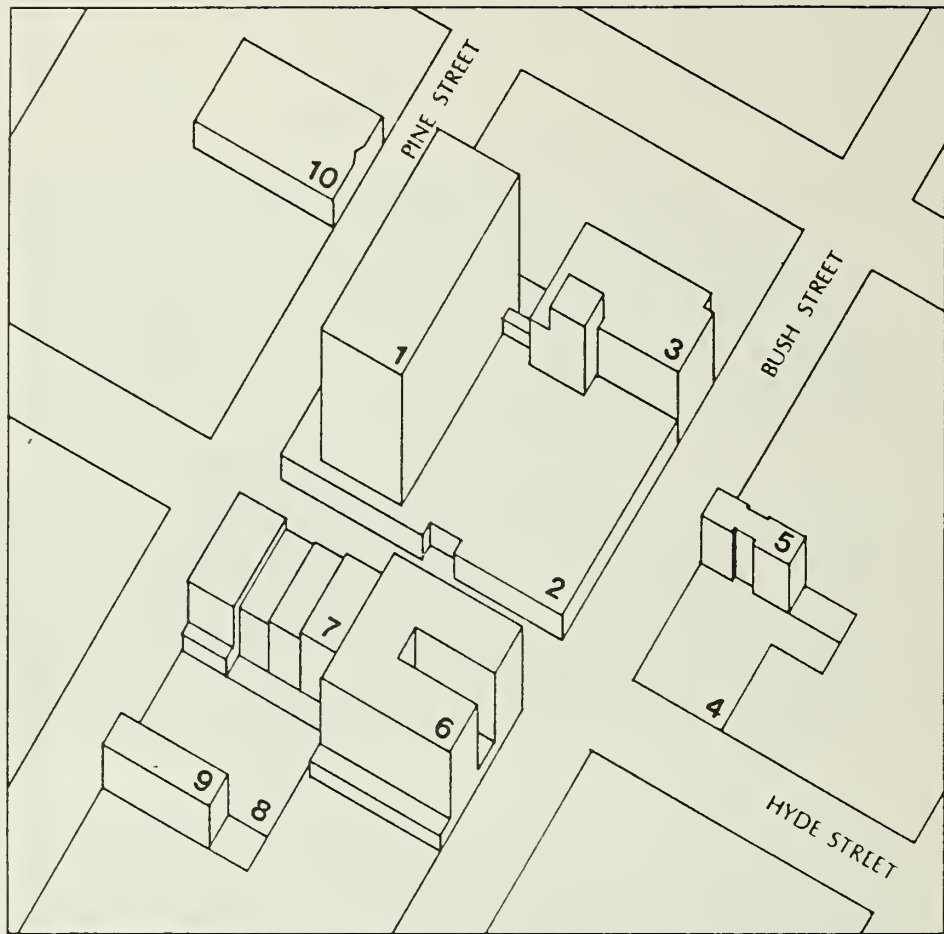
 PROJECT SITES



SOURCE: ESA

FIGURE C&R 1
FACILITIES OWNED BY
SAINT FRANCIS HOSPITAL

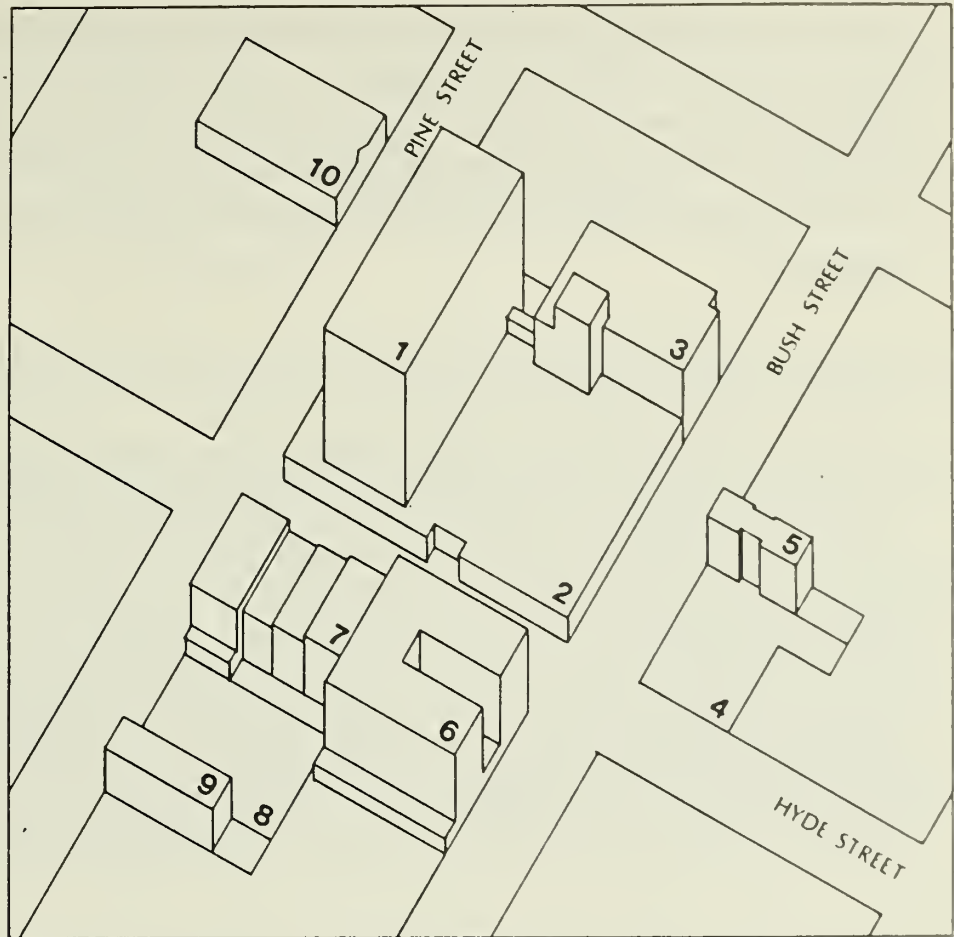
PHYSICAL PLANT



Property:

- | | |
|-----------------------------|--|
| Hospital Tower | 1. The tower contains inpatient facilities and administration offices, is twelve stories high with a basement level (288,000 square feet), and was built in 1968. |
| Pierotti Pavillion | 2. Used as an ambulatory-care center, the building is two floors (one basement, one ground level -- 50,564 square feet) and was constructed in 1979. |
| East Wing | 3. This addition to the hospital houses Emergency, Surgery, Radiation Therapy, Burn unit, and Psychiatry units, is five stories (75,000 square feet), and was built in 1958. |
| Hyde Street Parking Lot | 4. The thirty-two-space, self-parking, surface lot is 11,094 square feet; and the site was purchased in 1923. |
| 1171 Bush Street Apartments | 5. The four-story, thirteen-unit apartment is 6,732 square feet and was purchased in 1980. |

PHYSICAL PLANT



909 Hyde Street
Medical Building

6. The medical building is five stories high, contains 55,000 square feet of office space and 24,370 square feet of parking on two subsurface levels with a 112-car capacity, and was erected in 1918.

Hyde Street
Apartments

7. This group of four, three- and four-story apartment buildings contains fifty-two residential units in a total of 37,800 square feet and was purchased between 1973 and 1975.

Pine Street
Parking Lot

8. This surface parking lot between Hyde and Larkin is used by visiting physicians. It is 14,798 square feet with a forty-car capacity and was bought in 1955.

1355 Pine Street
Apartments

9. The building is three stories high (10,655 square feet) with twelve residential units and was acquired in 1982.

1234 Pine Street
Parking Garage

10. This 150-car-capacity garage is two stories (20,000 square feet) and was bought in 1983.

Larkin St. On November 11, 1986, the Hospital filed an application for Conditional Use authorization (86.628C) to use that lot for construction worker parking for the duration of the construction of the Pavilion addition. On November 14, 1986, the Draft EIR on the medical building and garage addition was published. The Draft EIR was in the process of being printed when the Hospital filed the Conditional Use application.

Under Section 304.5(b) of the City Planning Code, the Hospital's IMP needs to be revised or amended only when the Hospital's management has formally approved a substantial revision to their existing or future development plans. The mere purchase of real property does not require a formal IMP revision. In addition, the temporary construction parking use is not a Hospital function or service and is only temporary, and thus not an activity subject to the IMP requirements. At such time as the Hospital determines an appropriate permanent use and development plan for the 1400 Pine St. parcel, then a revision to the IMP would be required and a public hearing would be held on that revised plan. Under Section 304.5(b), the Hospital should file a report with the Department of City Planning every two years describing the current status of its IMP and updating the description of its properties.

The City Planning Commission (Commission) conducted public hearings on December 11 and 18, 1986 to review the Conditional Use Application to create a temporary 59-space self-park parking lot. The Commission determined that the proposed use would not impede Muni transit service or overburden streets or neighborhood parking. The Commission approved the application, imposing as one of the conditions of approval, that the lot shall be used solely for daytime parking for construction vehicles and equipment of the construction labor force for a period of one year or until the completion of the current phase of construction of the Pavilion Addition, whichever comes later, and shall not be used for Saint Francis Hospital employee parking.

The temporary parking use was determined by the Commission to be categorically exempt from environmental review. The temporary parking use would serve to mitigate the construction impacts of the Pierotti Pavilion addition and thus would not contribute to any cumulative impacts of the project analyzed in this EIR.

VIII. Summary of Comments and Responses

Any future use of this parcel of land would be subject to environmental review and approval by the Department of City Planning and possible City Planning Commission approval depending on the type of the project. A proposal for some other type of parking use would require a separate Conditional Use application. The Hospital has no current development plans for this land, nor has the Hospital determined its long-range plans for use of this land.

The first paragraph on p. 39 of the EIR is revised to read (new language is underlined):

In mid-1986, the Hospital purchased a parcel of land (18,500 sq. ft.) located at 1400 Pine St. on the northwest corner of Pine and Larkin Sts./4/ The lot is now vacant; a gas station was demolished in mid-1986. In addition to the gas station, the lot was formerly used to park between 40 and 60 cars when the gas station was closed. The Hospital has not decided what permanent use would be appropriate for the site. In the meantime, the Hospital received Conditional Use authorization (86.628C) from the City Planning Commission, on December 18, 1986, to use the site as a temporary 59-space parking lot under Section 205.2(9) of the City Planning Code. The parking spaces provided on the lot will be used solely by construction workers during construction of the Pierotti Pavilion addition, for a period of one year, or until completion of the addition to the Pavilion, whichever comes later. The lot will not be used for employee or patient parking.

D. URBAN DESIGN

ARCHITECTURAL RESOURCES

Comment

"URBAN DESIGN: As noted in the introductory paragraph, the building at 1250 Pine Street is an architecturally significant building as demonstrated by its '4' rating in the 1976 San Francisco Department of City Planning Architectural Inventory. It is the building highest rated by the Department of City Planning in the vicinity of the projected construction sites and the only such highly rated building adjacent to and specifically impacted by the project. Remarkably, the DRAFT EIR in its extensive review of the urban design impacts mentions the Department of City Planning Architectural Inventory in great detail and, almost as a footnote at the very bottom of p. 33, mentions the high

rating of 1250 Pine Street. The only other building rated '4' by the Department of City Planning was also in the Heritage survey and merited an 'A' grading placing it in the category of the 'Highest Importance.' A further evaluation of the building at 1250 Pine Street for its architectural values is necessary.

"Also of interest in viewing the adequacy or lack of adequacy of the DRAFT EIR, it must be noted that at p. 35, great detail was not spared in the description of various architectural elements and construction materials of a great number of specific buildings, including many on the South side of Pine Street between Jones and Leavenworth Sts., buildings almost without any impact from the project. This is in direct contrast to the absence of any architectural description of this most highly rated and significant facade.

"Mrs. Kingsland's building at 1250 Pine Street was rated a 4 in the 1976 Department of City Planning inventory among the 10,000 buildings rated. It is a highly significant building architecturally. It is one of only two 4-rated buildings in the vicinity of either of the two portions of this proposal.

In dealing with the urban design aspects in the EIR, they concentrate two paragraphs on the description of the inventory and on the facades and construction materials of buildings on the 1100 block of Pine, on the south of side of the street -- which are, in effect, not impacted in any way by this project. They give absolutely no mention, except for the 4 rating, of Mrs. Kingsland's highly architecturally significant building. It must dealt with in more detail." (Richard Grabstein)

Response

The following is inserted as a new first paragraph on p. 35 of the EIR:

The three-story 1250 Pine St. building is a composite style with influences of Baroque and classical designs. The second and third levels are decorated with curved balconies of black wrought-iron, while the roof line is more traditional with a false hipped roof and supporting brackets between a string course of dentils (block-like projections). The first floor facade and balcony above are of plaster, scored to imitate stone. The arched main entry is to the east. A plaster garland decorates the center of the facade. At the upper levels, angular bays extend over the first floor. A floral pattern detailed in the wrought-iron balcony rails is loosely repeated in the tracery pattern of the arched windows to

the front. The sides of the bays contain rectangular sash windows. An arch connecting the bays at the third floor encloses the center to return to a flat facade at the cornice line.

The following is inserted as the second and third sentences of the fourth full paragraph on p. 20 and after the second sentence of the first paragraph on p. 56 of the EIR:

The corners of the Parking Garage Addition would be "notched" or cut away at that part of the facade adjacent to the cornice on the adjacent 1250 Pine St. building, in an attempt to maintain the integrity and symmetry of the adjacent buildings cornice. The extension of the 1250 Pine St. building's cornice beyond the property line would be retained and coordinated with the design of the garage addition.

DESIGN

Comment

"Suggesting that the MOB would create a 'stronger identity' at the Bush and Hyde Sts. intersection implies that character and identity only can be achieved through development and, specifically, development at the scale proposed in concert with the ultimate completion of the Pierotti Pavilion." (Dorothy Dana, NHN)

Response

The commenter is referring to a statement in Section IV.B. (Impacts - Urban Design) of the EIR. The second sentence of the first full paragraph on p. 51 states that: "The development of the medical building site, which is currently occupied by a surface parking lot would complete the streetwalls on the project block and create a stronger identity at the Hyde St. and Bush St. intersection." The sentence immediately following further expands on this statement: "The medical building would infill and complete the continuous pattern of architecturally detailed building facades built to the lot lines." These statements are not meant to convey that the proposed project is the only type of development which could give the corner an identity--any building or structure would have "stronger identity" than the existing surface parking lot.

Comments

"The scale of residential development is misrepresented, not only because the buildings taller than four to six stories are less characteristic of this portion of Nob Hill as a whole (where buildings generally are four stories) but ignores that the Slopes of Nob Hill Rezoning will result in new construction of only 65 ft. or less in the future. Furthermore, examples given in the EIR of non-residential uses, such as the Unification Church and private medical office buildings on Bush St. east of the proposed MOB site, are residential in scale, character, or both.

"It really is disingenuous of the EIR to compare the proposed MOB building height to the Cathedral Apartments which are located on the crest of Nob Hill at California and Taylor Sts. There are closer examples of buildings which are out of scale with the predominantly low-scale residential character of the neighborhood, such as apartments on Bush St. just west of the site, the commercial-residential complex on Bush and Larkin Sts., and the convalescent hospital on Pine St., none of which is sympathetic to its surroundings. Nevertheless, the Slopes of Nob Hill Rezoning, setting a 65-foot limit, will keep building heights at approximately the same scale as currently exist in most areas of Nob Hill. Only development within St. Francis' 80-foot enclave would exceed prevailing heights. Otherwise, there will be no new development in the neighborhood which copies the excesses of the few oversized buildings mentioned in the EIR." (Dorothy Dana, NHN)

Response

The EIR compares the heights of the proposed project to heights of existing buildings in the vicinity of the sites in order provide the reader an understanding of the variety of development scale in the project vicinity. As indicated by the commenter, most existing development in the vicinity of the sites is low in scale, predominantly three to four stories and under 65 ft. in height. The Draft EIR states in the first paragraph on p. 51, "Several buildings including the existing Saint Francis Hospital tower and the Cathedral Apartments, two blocks northeast of the medical building site, disrupt the predominantly low-scale residential pattern." The EIR also states in the paragraph which begins on p. 50 that, in relation to existing development immediately surrounding the medical building site, "the height and bulk of the medical building would be substantially smaller than the 12-story hospital tower . . . would be about

the same as the 909 Hyde St. office building" and ". . . would be larger in scale and height than existing residential buildings to the north and west of the site, but would be of comparable height to existing residential development south and east in the site vicinity."

As shown on Figure 10, p. 29 of the EIR, that the area immediately south, southeast and west of the medical building site is in an 80-A Height and Bulk District, and is currently subject to an 80-ft. height limit.

The last sentence of the first partial paragraph on p. 51 of the EIR is replaced with the following:

Several buildings within one block of the medical building site disrupt the predominantly low-scale residential pattern north, northwest, northeast and east of the site. These larger buildings include the existing Saint Francis Hospital tower, to the north; the existing 909 Hyde St. medical office building, and the convalescent hospital at 1351-79 Pine St., northwest of the site; and the apartment building at 1257 Bush St., west of the site.

Comment

"GENERAL DESIGN OBSERVATIONS: For reasons probably related to the ability to provide windows on all sides of the medical office building, there are provisions for substantial setbacks up to 14' between the property line and the eastern boundary of the medical office building on Bush Street where the boundary abutts residential property similar to that adjacent to the proposed PGA [Parking Garage Addition] at 1250 Pine Street. While the setbacks are described as related to architectural design amenities and scale, the result is that the impact of shadows and light and heat interference by the medical office building on the adjacent residential properties is reduced while at the same time the amenities for occupants of the building from light and air are substantially increased. The maximum FAR is not reached by the medical office building in part due to these 'design amenities.'

"No such design amenities are apparent in the PGA. Instead, the entire parcel upon which the PGA is proposed to be erected is fully utilized and the entire FAR for the site is utilized in only 1/2 of the allowable height for a conditional use on the site. We are given no setbacks for light or air, no adjacent garden facility, no windows on the property line

to break the architectural wall effect; in fact, no consideration at all."
(Richard Grabstein)

Response

Section 134(a) of the City Planning Code specifies that rear-yard requirements in an RC-District apply at the lowest story containing a dwelling unit, and at each succeeding story. Since the parking garage addition would not include dwelling units, no rear yard would be required. As discussed on pp. 156 and 157 of this document, the parking garage addition is subject to bulk limits of the 'A' Bulk District above a height of 40 ft. The garage addition complies with the bulk limits; thus, no setbacks to meet bulk provisions would be required. The City Planning Commission, when taking action on the project, could require setbacks as a condition of project approval, could approve the project without setbacks, or could disapprove the project.

Comment

"The photomontages are inadequate because they do not illustrate the visual effects of a dark building faced with red brick veneer (as stated on p. 20) or stone and brick veneer (as stated on p. 57). As a result, the photomontages misrepresent the project as proposed, suggesting that the building would be light in color and, thus, in apparent weight and mass. Table 2 is inconsistent with the EIR text on p. 20 and Figures 17, 18, and 19. Out of what materials will the facade of the MOB be constructed? The EIR needs to clarify the sponsor's intentions and be internally consistent in describing them for readers and decision-makers." (Dorothy Dana, NHN)

Response

The photomontages of the proposed project buildings are provided to illustrate the bulk of the project in relation to surrounding development, not to describe the exterior finishing materials. Facade detailing and building materials have not yet been finalized.

The exterior of medical building is described on p. 20 and in Table 2 on pp. 57 and 58 of the EIR. The first full paragraph on p. 20 states, "The exterior of the medical

VIII. Summary of Comments and Responses

building would have stone detailing around inset clear glass windows; a double height recessed main entrance, and light-colored stone base materials would emphasize the retail use of the ground floor . . . the exterior materials of upper floors would feature red brick veneer and clear glass vertical bays."

The second sentence of the third paragraph in Table 2, p. 57, states, "Facade materials of the medical building would include light-colored natural stone masonry on the exterior of base levels and as cornice detailing above, and red brick veneer on the upper levels."

Thus, the description of the medical building's facade in the EIR states that the stone materials would be light colored. The references to facade materials of the proposed medical office building on pp. 20 and 57 are consistent.

The current intention of the project sponsor is to use a red brick veneer on the upper-floor facade. The use of red brick veneer is intended by the project architects to compliment the facade material common to surrounding older development. The project architects have indicated that a light red brick would be used.

Comment

"Figures 17, 18, and 19 do not illustrate the Pierotti Pavilion addition now underway (or future build-out of the pavilion as envisaged by the hospital). Consequently, these Figures provide inadequate information from which to assess the intensification of development along the corridors pictured." (Dorothy Dana, NHN)

Response

Figures 17, 18 and 19 of the EIR are revised to include the one-level addition to the Pierotti Pavilion now under construction (see pp. 181 to 183 of this document).

It is not appropriate to depict the full build-out of the remaining three levels of the Phase 2 Pavilion expansion in the photomontages for reasons discussed in the response on pp. 165 and 166 of this document.



FIGURE 17
VIEW OF MEDICAL BUILDING
FROM HYDE STREET

SOURCE: Heller and Leake, Architects

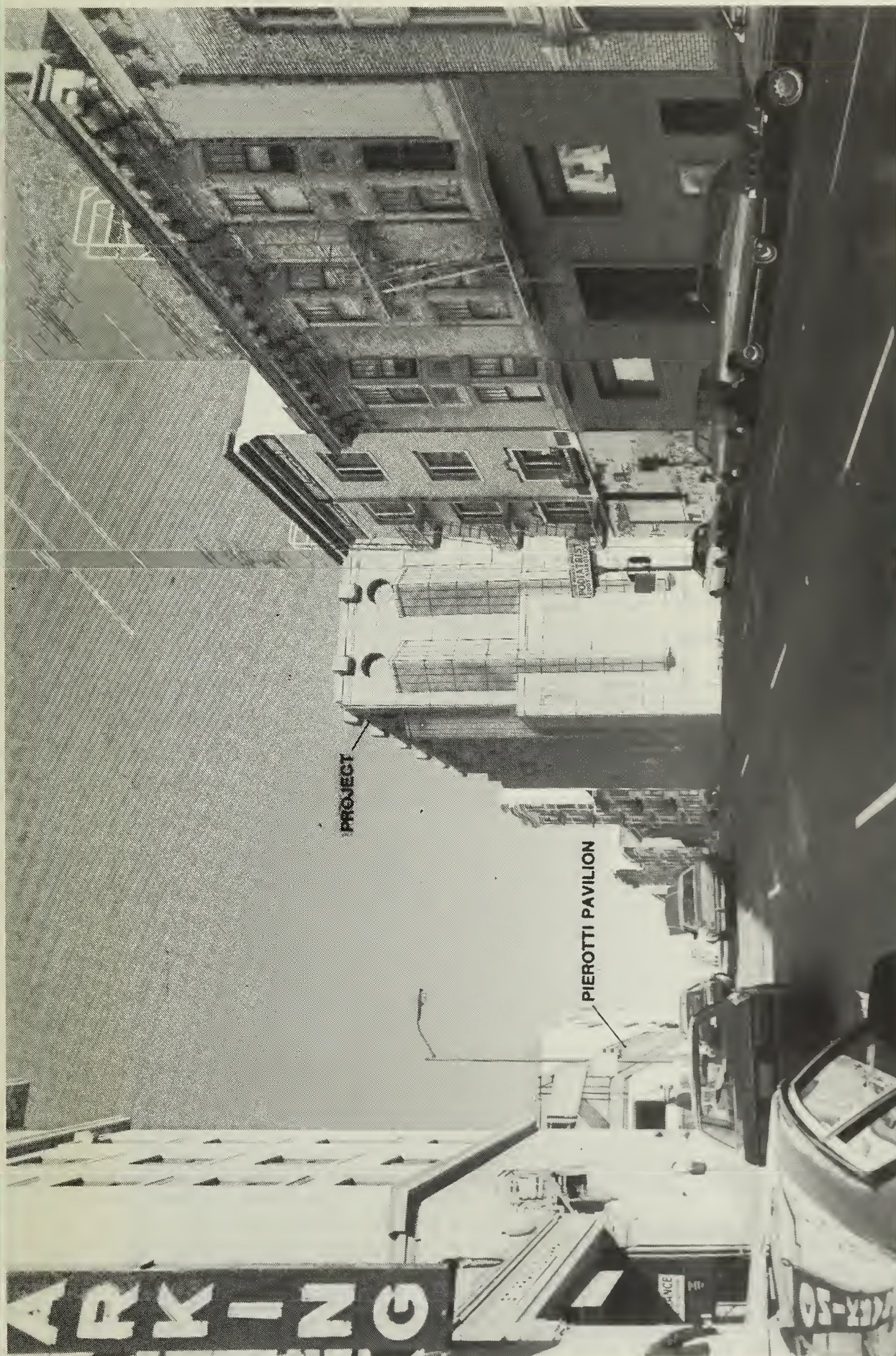


FIGURE 18
VIEW OF MEDICAL BUILDING
FROM BUSH STREET LOOKING EAST

SOURCE: Heller and Leake, Architects



FIGURE 19
VIEW OF MEDICAL BUILDING
FROM BUSH STREET LOOKING WEST

SOURCE: Heller and Leake, Architects

VIEWS

Comment

"The PGA [Parking Garage Addition] appears to attempt to stay within the basic 40' height limitation by cutting off its own roof to spite its environmental impact. While the 1250 Pine Street building will not be subjected to the view of a rooftop parking lot, many of other adjacent properties will be, especially those buildings along California Street to the North of the project." (Richard Grabstein)

Response

The Parking Garage Addition site is subject to a maximum height limit of 65 ft. As discussed in the fourth paragraph on p. 48 of the EIR, Conditional Use authorization is required for any structure which exceeds 40 ft. in height in an R-District. The EIR states, on p. 56, paragraph three, "The parking garage with the proposed addition would be taller and more visible than the existing parking garage, and would be visible in southward views from the rear of upper floors of residential buildings located on the south side of California St." The current view southward from those vantage points includes the rooftop of the existing garage.

The third paragraph on p. 56 is revised to read (new language is underlined):

The parking garage with the proposed addition would be taller and more visible than the existing parking garage, and would impede southward views from the rear of upper floors of residential buildings located on the south side of California St., adjacent to and north of the existing garage. The parking garage addition would also impede westward views from the rear of upper floors of the residential building located on the west side of Leavenworth St., adjacent to and northeast of the existing garage. The view of the roof of the parking garage addition would be of vehicles parked there, while the roof of the existing garage does not provide space for parking. To mitigate visual impacts, the project sponsor would provide plantings and trellises on the rooftop level of the garage addition.

The following is inserted as a new mitigation measure, as the sixth full paragraph on p. 100 (under the Visual Quality heading):

The rooftop level of the parking garage addition would have plantings and trellises to screen the view of the rooftop parking from nearby residences.

WIND

Comment

"The EIR is inadequate in assessing the effects of wind from development of the proposed MOB. Existing development on Hyde Street between Bush and Pine Sts. currently produces a wind tunnel which makes it difficult for healthy pedestrians (not to mention patients visiting the medical facilities) to walk on this block, particularly during stormy weather when winds from the southwest are channeled up Hyde Street. Considering the unpleasant existing wind conditions on Hyde Street, it is likely that the combined effects of additions to the Pierotti Pavilion and the MOB would exacerbate a bad situation and would increase the distance which pedestrians would have to negotiate strong winds. The sad irony of this omission in the EIR is that many of the people who would be buffeted by increased wind speeds and eddying would be sick and infirm individuals seeking medical treatment." (Dorothy Dana, NHN)

"The wind issue is dealt with with three lines of text and one footnote at pp. 35 and 36. I am mystified by the conclusion that the 'project sites are sheltered from winds by existing buildings in the vicinity' when the photographic evidence at p. 32 and the architectural renderings of the PGA at Figure 20, p. 55, show that while the building at 1250 Pine Street now extends slightly above the Parking Garage, the PGA [Parking Garage Addition] will extend above my client's property to the west and winds impacting on the west wall on the PGA will give rise to turbulence, especially in the newly shadowed air and light wells.

"It [the Draft EIR] also gives short shrift to the wind issue as regards the parking garage addition. It merely states that the parking garage addition is lower than the surrounding buildings. In fact, it will extend above Mrs. Kingsland's building.

"The prevailing westerly winds will cause turbulence both in front of and behind the buildings adjacent. Not only to Mrs. Kingsland's building to the west, but also those buildings that have rear yards for the use of the residential family tenants of all the buildings surrounding this parking garage addition." (Richard Grabstein)

Response

Donald Ballanti, Certified Consulting Meteorologist, prepared an evaluation of probable wind impacts of the proposed project, his findings are summarized on pp. 35a and 56a of the EIR. Mr. Ballanti's analysis concluded, as discussed in the EIR, that the proposed medical building and parking garage addition would not substantially alter the wind environment in the vicinity of the two sites, and that the complex facade elements and upper-level exterior setback of the medical building design would mitigate wind impacts.

It can be expected that the complex surface configuration of the varied-height rooflines of the buildings along the north side of Pine Street, including the 1250 Pine St. building and the existing adjacent parking garage, currently result in wind turbulence above, in front of, and behind existing buildings. This zone of turbulence actually results in reduced wind speeds within about ten feet of the top of the building, because of the friction effect on wind from building rooflines.

The addition of two levels to the parking garage addition would result in the top of the parking garage extending about seven feet above the roof of the adjacent 1250 Pine St. building. However, that seven feet of height would not be sufficient to intercept a significant amount of wind, and thus would not result in significant wind impacts on Pine St. adjacent to the site or within adjacent rear yards./1/

The proposed medical building and parking garage addition would not extend in height above existing adjacent structures sufficiently to induce additional 'channelling' of winds at street level during stormy weather, as stated by the commenter.

VIII. Summary of Comments and Responses

NOTE - Wind

- /1/ Donald Ballanti, Certified Consulting Meteorologist, letter, February 25, 1987. This letter is on file and available for public review at the Department of City Planning, 450 McAllister St., San Francisco.

SHADOWS

Comment

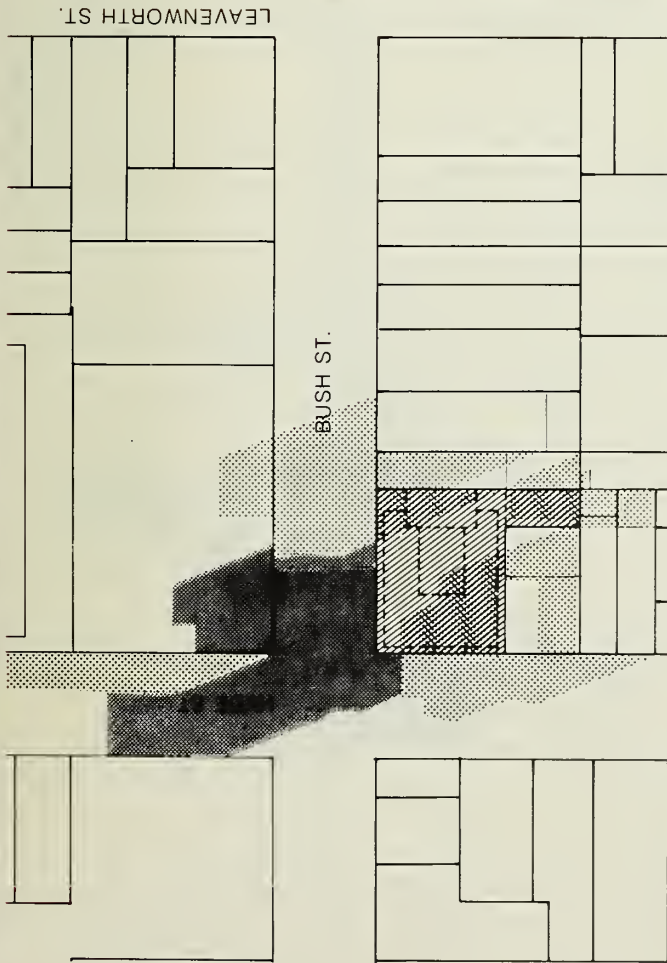
"The EIR reports that the proposed MOB would impede light and air access to the light well in the residential building east of the site. In this context, the EIR fails to assess the usability or liveability of the garden proposed as part of the project.

"The public garden proposed for the MOB would be in shadow virtually all the time due to existing buildings. What alternative sites for such public open space were assessed in the environmental review process to determine the likelihood that this garden would be used? If no alternative sites were analyzed, did the EIR preparers assess the relative merits of proposing open space which would be accessible to the public but which would not provide sunlight?" (Dorothy Dana, NHN)

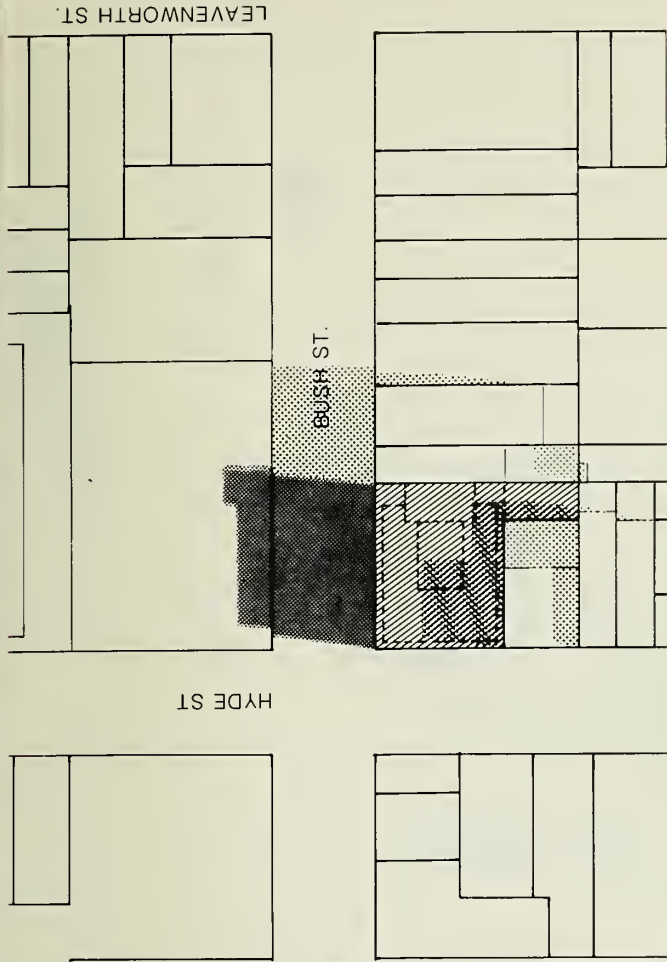
Response

Rear-yards and open space are not required to be provided for buildings that do not contain dwellings in RC-4 Districts (Planning Code Section 134(a) and 135). Thus, the open space proposed as part of the medical office building is not provided for the purpose of meeting a City Planning Code requirement.

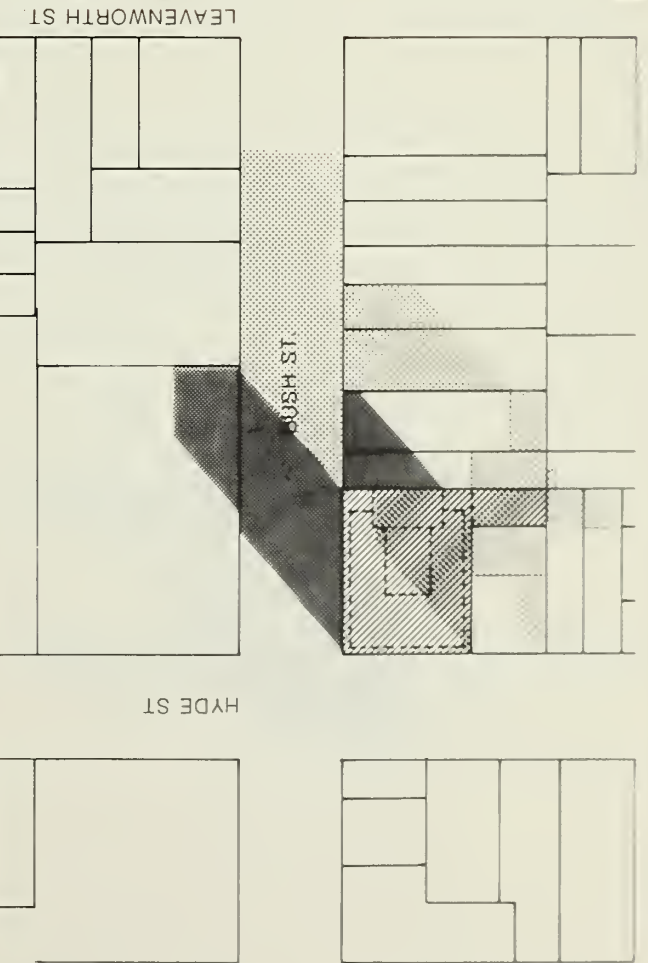
The outdoor garden proposed for the rear of the medical building would not be in shadow at all times. The Shadow Pattern diagrams for the proposed Medical Building (Figures 21-24) of the Draft EIR did not take into account the rear-yard setbacks of the existing buildings adjacent to the property line of the Medical Building site to the east and to the south. Figures 21-24 are revised to reflect these setbacks (see pp. 188 to 191 of this document and will be inserted in the EIR).



10 A.M. PST



NOON PST



3 P.M. PST

LEGEND




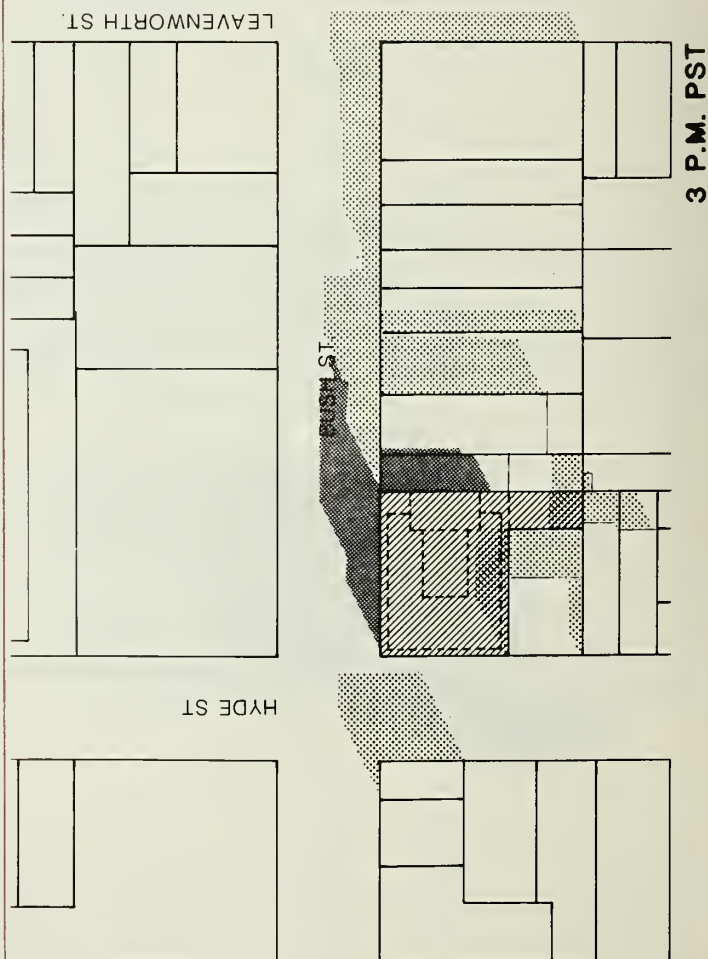
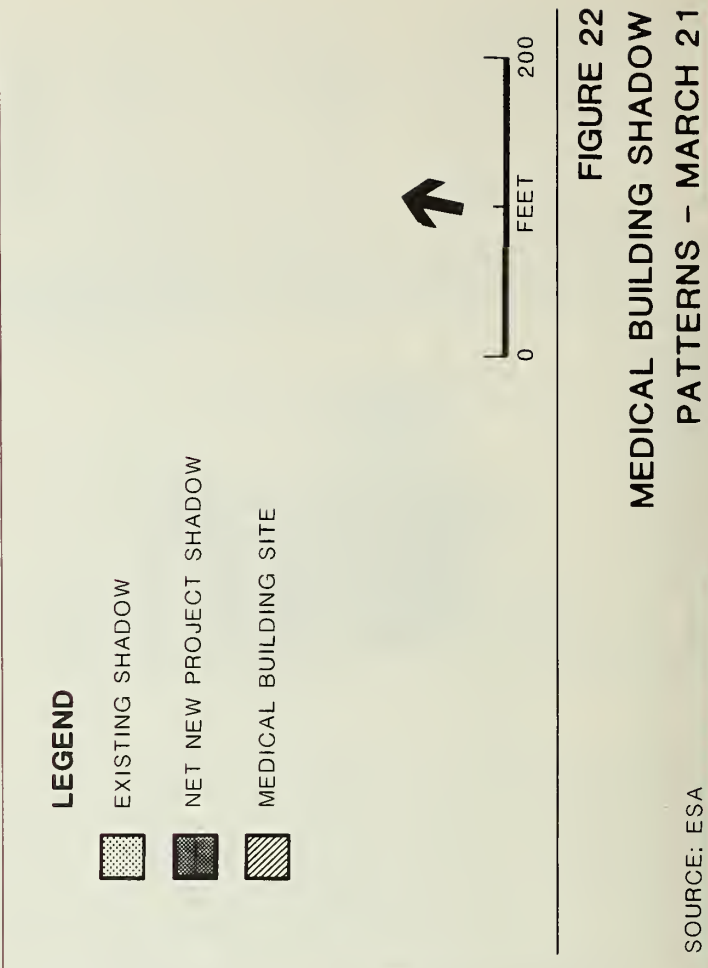
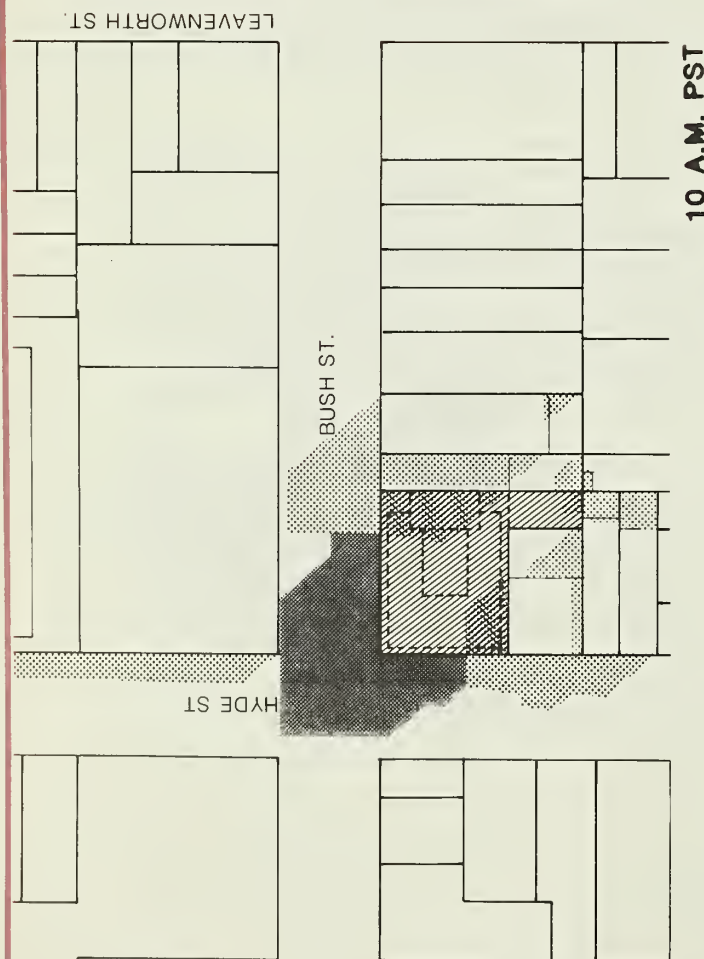
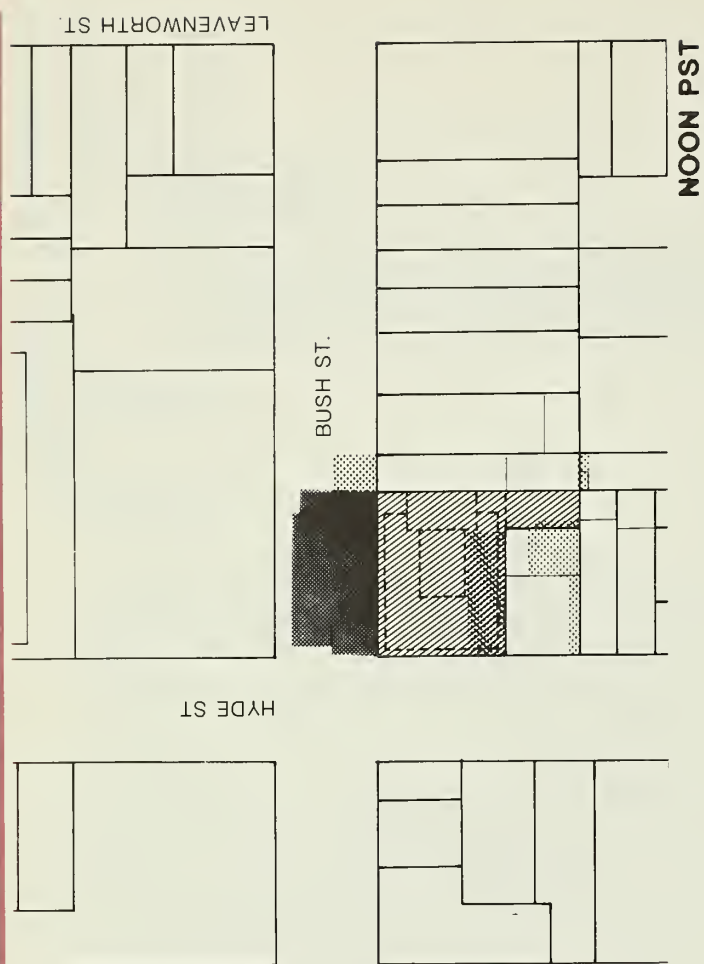
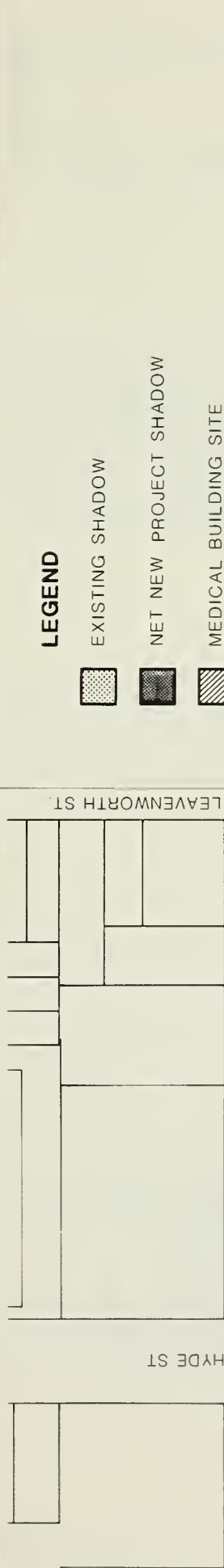
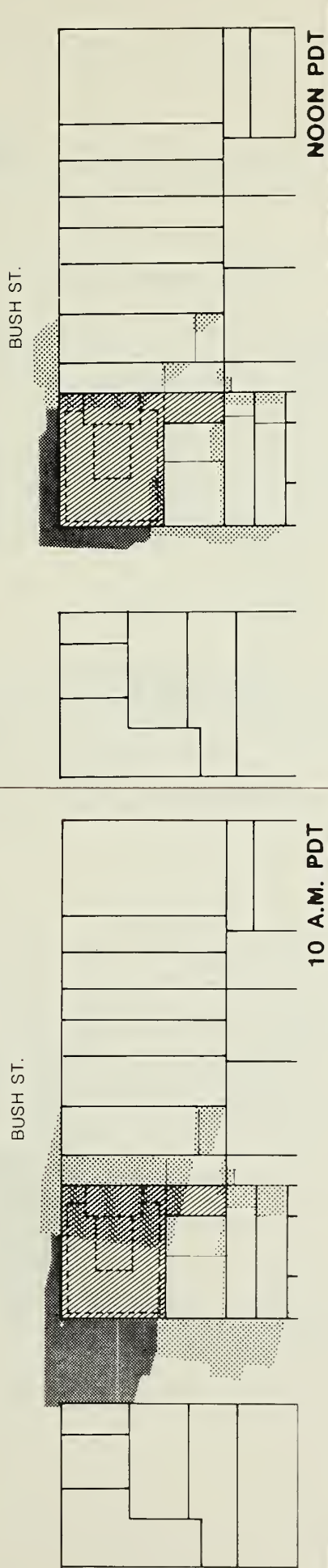
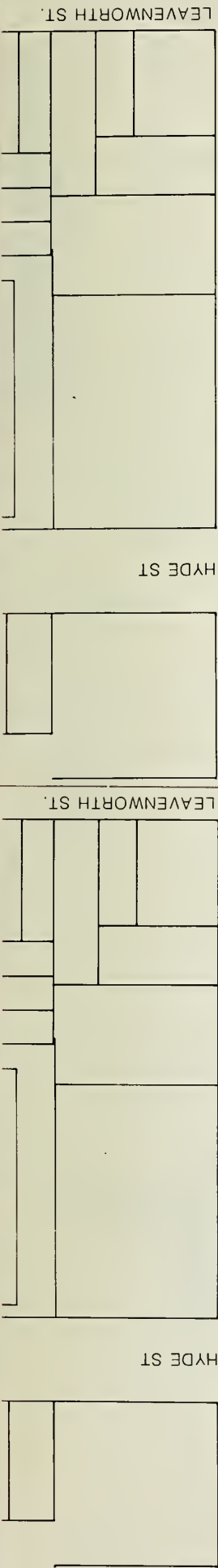
-  EXISTING SHADOW
-  NET NEW PROJECT SHADOW
-  MEDICAL BUILDING SITE



FIGURE 21
MEDICAL BUILDING SHADOW
PATTERNS - DECEMBER 21

SOURCE: ESA





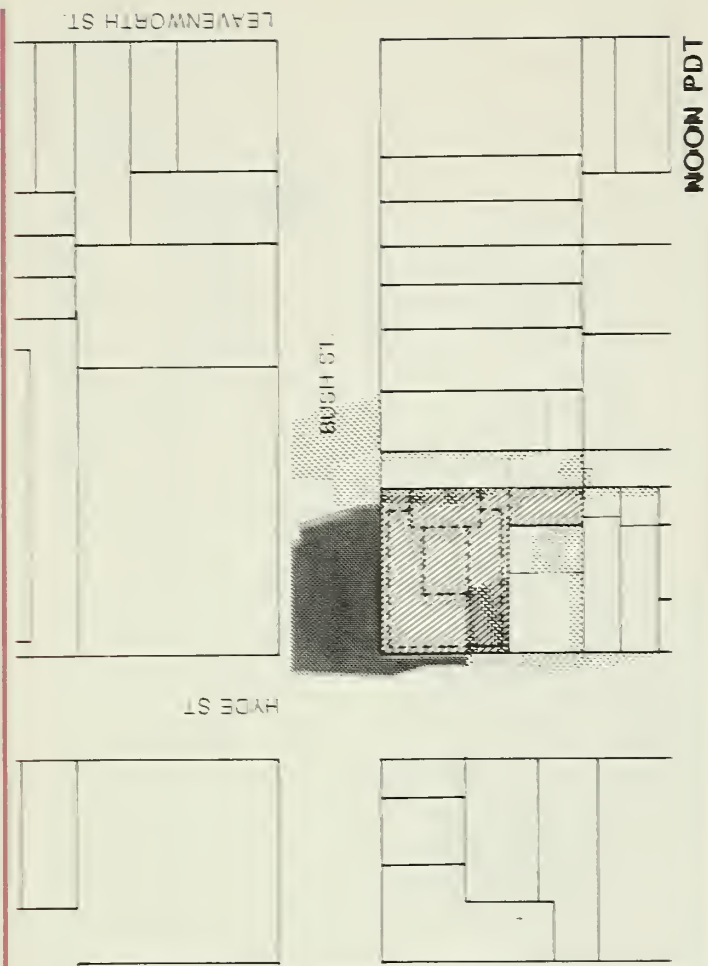
LEGEND

-  EXISTING SHADOW
-  NET NEW PROJECT SHADOW
-  MEDICAL BUILDING SITE



FIGURE 23
MEDICAL BUILDING SHADOW
PATTERNS - JUNE 21

SOURCE: ESA



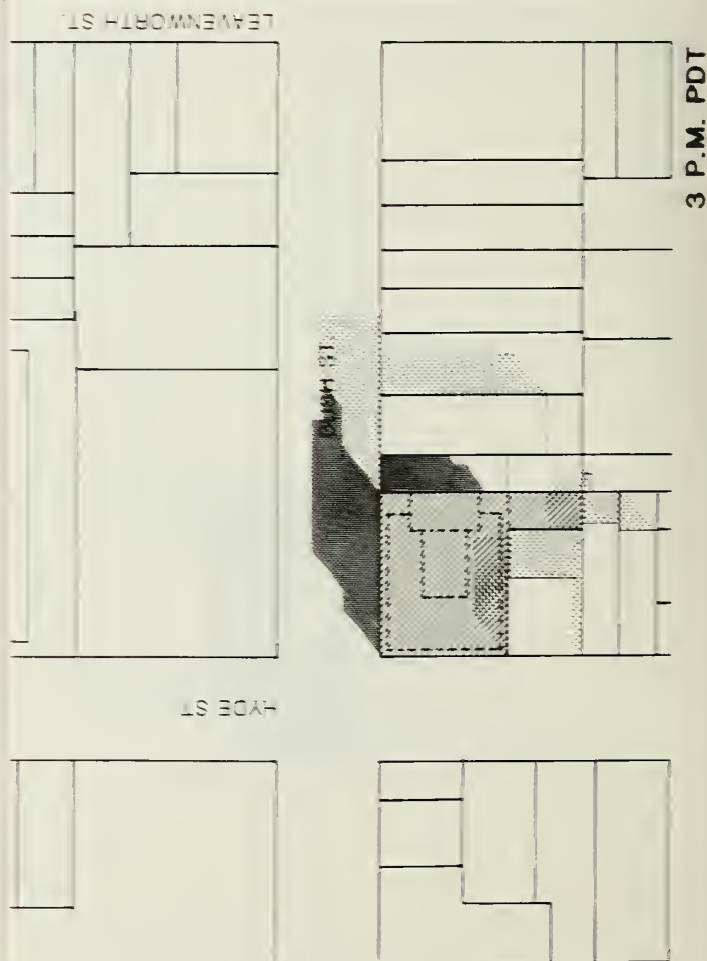
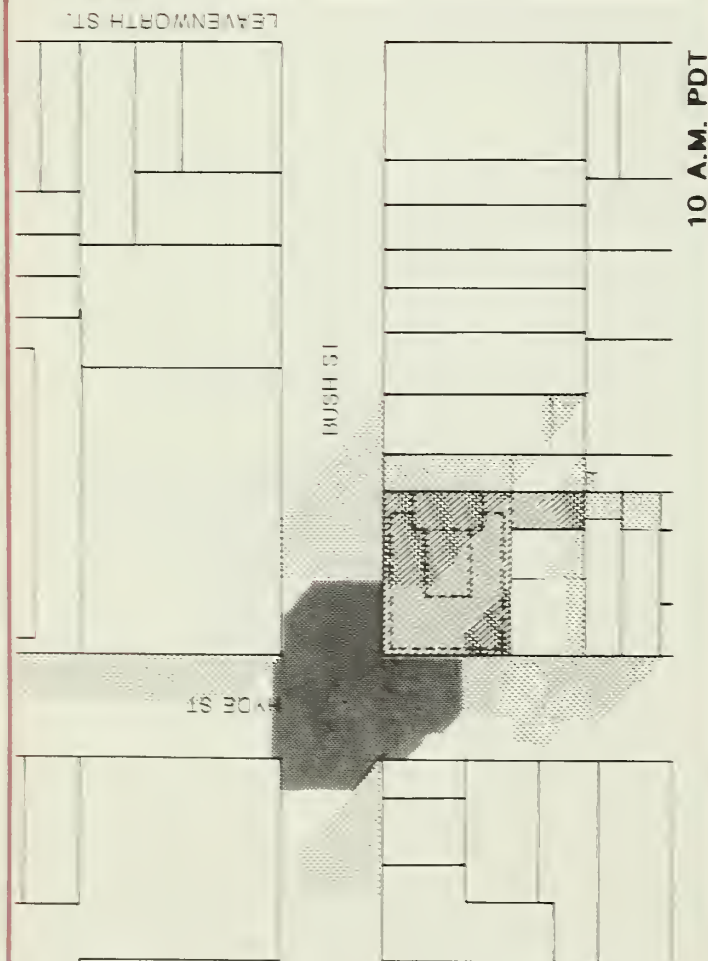
LEGEND

- EXISTING SHADOW
- NET NEW PROJECT SHADOW
- MEDICAL BUILDING SITE



FIGURE 24
MEDICAL BUILDING SHADOW
PATTERNS - SEPTEMBER 21

SOURCE: ESA



VIII. Summary of Comments and Responses

The following is inserted as a new paragraph, after the second full paragraph on p. 66 of the EIR:

Shadows on Medical Building Garden

The outdoor garden at the rear of the proposed medical building would not be shaded by the medical building at any time during the year. However, the garden would be shaded at various times by existing adjacent buildings. The garden would be partially shaded at 10 a.m. and noon on December 21st. A portion of the garden would be shaded at 10 a.m. and at noon, and about half would be shaded at 3 p.m., on March 21st. On June 21st, a portion of the garden would be shaded at 10 a.m. and 3 p.m.; at noon, the garden would not be shaded. On September 21st, the rear half of the garden would be shaded at 10 a.m. and at 3 p.m., while at noon a sliver of shadow would be cast on the rear of the garden.

Comment

"p. 51 How many windows in the building to the east of the Medical building will lose light and air? Also, the photo of the garage addition indicates that the building to the east of it may lose light and air access. Please indicate the total number of windows to be blocked in each building." (Susan Bierman, Commissioner)

Response

The proposed six-story medical office building would impede light and air access of windows on the lightwells in the west wall of the building adjacent (1171 Bush Street) to the eastern property line of the medical building site. All four floors of that building would be affected by construction of the proposed medical office building. A total of 23 windows would be affected by the project. These windows provide light and air access to kitchens and bathrooms in seven of the buildings' 13 apartments, and the buildings' hallways. Primary light and air access for all of the apartments in that building is either from Bush St. or from the building's rear yard.

The building immediately east of the parking garage has three windows on each of the two upper floors, which do not appear to provide primary light or air access to any rooms in that building.

VIII. Summary of Comments and Responses

Comment

"The EIR's discussion of pedestrian circulation indicates that peak pedestrian activity occurs between 7:00 and 9:00 a.m. and between 4:00 and 6:00 p.m., whereas the shadow analysis looks at the hours of 10 a.m., noon, and 3 p.m. In winter months when the sun is low in the sky, the MOB would block one of the few remaining pockets of sunlight for pedestrians in the area between 7:00 and 9:00 a.m.

"The EIR does not assess the effects of the project on benches located on the north side of Bush Street (between the Emergency Room entrance and the corner of Hyde Street).

Although this public seating area has been removed to allow for the construction underway at the Pierotti Pavilion, these benches have been used extensively in the past, especially by senior citizens and other area residents, who find them comfortable due to the southern exposure and solar heat gain of the Pierotti Pavilion. Assuming these benches would be replaced upon completion of the Pierotti Pavilion addition, they would be shaded frequently by the proposed MOB, thus diminishing their attraction to local residents. This impact would not be rectified by a shaded garden at the MOB site itself. (If St. Francis does not replace the benches, the hospital will have permanently removed one of the few, if only, amenities easily available to and used by area residents." (Dorothy Dana, NHN)

"I don't think (issues) have been adequately addressed. For example, light, air, those impacts on the thing. . . . It may well be necessary to modify design to take care of those impacts. That should be included as a mitigation measure." (Norman Rolfe)

Response

The discussion of pedestrian circulation focuses on the times of day when peak pedestrian volumes are likely to occur. During these times, pedestrians are not likely to 'linger' in outdoor areas, but are going to or from work. Shadow diagrams are drawn for a range of times throughout the day to give the reader information on how

VIII. Summary of Comments and Responses

shadows progress through the day. From these diagrams at 10 a.m., noon, and 3 p.m., the reader can infer approximately what shadows would be like at other times. Additionally, the three times during the day chosen for shadow analysis are times when people are most likely to linger outdoors, such as during coffee breaks and at lunch time. The outdoor garden at the rear of the proposed medical building would not be shaded at all times (see response on pp. 187 to 192 of this document).

The benches which were located on sidewalks adjacent to the Pierotti Pavilion have been permanently removed, in response to numerous verbal complaints to the hospital administration from employees and patients of the hospital regarding use of the benches by transients.

Comment

"Perhaps the most apparent impact on the properties adjacent to either proposed structure arises from shadows cast by the new buildings and the reduced light and heat available to those properties. The DRAFT EIR is especially inadequate in its description of and analysis of the shadows cast on the adjacent residential properties by the proposed Parking Garage Addition (hereinafter 'PGA'). This becomes particularly obvious when attention is drawn to Article IV subsection C., 'SHADOWS' at pp. 59-66. Of these 8 pages, 4 pages are fully devoted to figures 21 through 24, a four season analysis of the shadows to be cast by the Medical Office Building. All this space is expended to demonstrate that the massive new shadows will not impact any property except one light well and the rooftops of the buildings adjacent to the Medical Office Building site to the East on Bush Street. The only other buildings adjacent to the Medical Office Building which will receive new shadows will be buildings already owned by and operated for the benefit of the hospital.

"As opposed to the extensive diagramming and description of Medical Building Office shadows, all that is given regarding the PGA is the frank admission that its shadows will fall on several surrounding residential buildings all of disparate ownership, none of which is hospital related. The report is totally inadequate and misleading in its emphasis of Medical Building shadows and failure to adequately describe not only the shadows but the concomitant effects of reduced heat and light in adjacent residential properties.

VIII. Summary of Comments and Responses

"The specific failure of the report with regard to 1250 Pine Street is that much of this residential apartment building has as its only interior sources of natural light three large air and light shafts, one of extremely large dimensions, along the shared property line. The building, and light access to these spaces, currently extends approximately one-half story above the existing garage roof line. This allows for year-round morning and Noontime direct sunlight in the three light spaces. The upward extension of the garage will totally block all of this direct sun for much of the day during much of the year, being to the South and East, which are primary light providing directions available to that property.

"Mrs. Kingsland . . . is extremely concerned about the effect of the parking garage addition on the light and air and the circulation of the air and the temperatures in the residential premises at 1250 Pine Street.

"Along the boundary between the two properties -- to which the proposed parking garage addition and the current parking garage extend -- are three substantial light wells. These light wells provide the sole interior natural light to several of the apartments and the bedrooms and kitchens and bathrooms of several of the apartments in the building.

"The 18-foot extension of the parking garage will severely impact that. This is pointed out in the Environmental Impact Report. It is given about two lines of description. Whereas, the extensive shadow commentary regarding the medical office building extension, which will, in fact, not cast new shadows on any property other than property owned by the hospital, is given four full pages of detailed maps and diagrams. The Draft EIR, as it stands, is totally insufficient in its treatment of the shadow issue."
(Richard Grabstein)

Response

The last sentence of the first paragraph on p. 56 of the EIR and the discussion of shadows on pp. 59-66 of the EIR, describe the effects of the proposed parking garage addition on light and air access to the lightwells of the adjacent three-story building (1250 Pine St.) to the west of the parking garage. That building has two lightwells facing the parking garage. The larger, southerly lightwell provides light and air

VIII. Summary of Comments and Responses

access for the kitchen window of one of the two front apartments, one of the two bedroom windows of one of the two rear apartments, and the building's stairwell and entrance lobby windows. The smaller, northerly lightwell provides light and air access for the second bedroom window, and the window for the bathroom and one of the living room windows for one of the two rear (northerly) apartments. A total of 18 windows in the 1250 Pine St. building would be effected by the parking garage addition. These windows provide the only light and air access to two front apartment kitchens, and the bedroom, and bathroom of three rear apartments, and the buildings' entrance lobby window and hallway windows and provide partial light and air access to the living room of three rear apartments. Direct sunlight would not be expected to reach the lightwells except for about one hour at midday under existing conditions and with the garage addition. The living room of the front apartments receives light and air from windows on Pine St., and the dining room of the rear apartments receives light and air from windows overlooking the building's rear yard.

As the commenter notes a discussion of shadow effects of the project is included on pp. 59-66 of the EIR. Figures 21-24, on pp. 62 to 65, depict shadow effects which would result from the new medical office building. Half of the text discussion on shadow effects is devoted to effects on adjacent buildings and yards from the proposed parking garage addition. The last two sentences of the first paragraph on p. 59 state, "As shadow effects of the garage addition are minor, shadow diagrams are not included in the EIR; a discussion of shadow effects from the garage is included for the reader. The diagrams are on file and available for public review at the Office of Environmental Review, 450 McAllister Street." The sixth sentence of the first paragraph on p. 59 is revised to read (new language is underlined):

As shadow effects of the garage addition would affect only immediately adjacent residential properties and thus would not be of interest to the public in general, shadow diagrams are not included in the EIR; a discussion of shadow effects from the garage is included for the reader.

VIII. Summary of Comments and Responses

References to a "lightwell" are changed to read "lightwells" in the first partial, first full, and last paragraphs on p. 60 of the EIR. The following is inserted after the first full sentence of the first partial paragraph on p. 60:

Shading of the lightwells would not necessarily reduce the amount of light received within the lightwells, because shadows would not affect the amount or duration of natural illumination from sunlight overhead or from sunlight reflected from walls of adjacent buildings.

The following is inserted after the second full sentence of the first partial paragraph on p. 60:

The amount, or intensity of light could decrease because the area of sky which contributes light to the lightwell would decrease due to the increased height of the proposed garage addition.

E. TRANSPORTATION, CIRCULATION AND PARKING

Comment

"I have reviewed the DEIR for the Saint Francis Medical Building and Parking Garage Addition in reference to the Transit Impact Development Fee (TIDF) and have the following comment to make.

"There are apparently no comments in the report referencing the Transit Fee. I believe this building is within the definition of office use from the ordinance and should be subject to the Fee. My analysis of the information presented in the DEIR indicates that the Transit Fee could be as high as \$234,145. The latter figure makes provisions for the allocation of common area in the proposed building to office use. It also assumes application of the current TIDF Rate (\$5.00 per square foot of increased office use).

"My analysis is of a preliminary nature only, made without the benefit of architectural plans or discussions with the project developer. The Final Determination of the Fee would be made on the basis of a more detailed review. A future change in the TIDF rate could also have a significant impact on the Fee that would become due to the City."

(Leonard Tom, PUC)

VIII. Summary of Comments and Responses

Response

The following is added after the first paragraph on p. 71 of the EIR:

"Project Transit Costs

Cost increases to Muni, due to increased patronage resulting from the project would be expected. The City's general fund provides for a subsidy to the Muni's operating budget. The subsidy covers the difference between Muni's costs and the revenues that Muni receives from fares and from federal and state governments and represents the cost of Muni to the City. This subsidy amounted to about 10% of the total General Fund revenues in the 1984-1985 budget. The net marginal cost (or increase in the deficit for Muni operations) per peak-hour ride was \$0.50 in 1984./6a/ The proposed project would generate about 30,240 annual peak-period outbound trips which could generate an annual cost to Muni of approximately \$15,120./6b/ The extent to which this marginal cost increase would be met by the general fund allocation to Muni is not known. State and federal funds to Muni are decreasing and the City is reviewing other options for increased revenues.

The sponsor would be required to pay a one-time Transit Development Impact Fee (TIDF) to finance the increased cost of Muni services necessitated by the project, at the rate of \$5 per gross square foot of net new office construction. Based on the \$5 rate and preliminary calculations by the San Francisco Public Utility Commission/6c/, the project would yield about \$234,145. The final determination of the TIDF for the project would be made on the basis of a more detailed review of architectural plans by the City."

The following footnotes are added after footnote /6/ at the top of p. 85a:

/6a/ Bruce Bernhard, Chief Financial Analyst, San Francisco Municipal Railway, telephone conversation, October 11, 1984.

/6b/ The deficit due to the project would be 120 peak-period Muni trips per day times 252 working days per year, times \$0.50 deficit per ride equals \$15,120.

/6c/ Leonard Tom, Administrator Transit Impact Development Fee, San Francisco Public Utilities Commission, letter, November 26, 1986.

The following mitigation measure is added to the Transportation, Circulation and Parking mitigation measures proposed as part of the project (pp. 100a to 102 of the EIR):

- "Should Ordinance 224-81, which requires the sponsor to contribute funds for maintaining and augmenting transportation service in an amount

VIII. Summary of Comments and Responses

proportional to the demand created by the project, be declared invalid by the courts, the project sponsor has agreed to participate in any subsequent equivalent mitigation measures adopted in lieu thereof that are equitable and legal, which the City adopts to apply to all developments which are similarly situated."

CONSTRUCTION PARKING AND LOT AT 1400 PINE ST.

Comment

"If the project sponsor is even considering the use of the vacant lot they recently purchased on the northwest corner of Pine at Larkin Sts. as a parking facility, they should include the impacts such a facility would have on traffic and transit operations in the vicinity of the project site. The vacant lot, which could hold approximately 60 to 95 automobiles, would have some impact on nearby streets, which could further exacerbate the transportation impacts caused by the construction of the new medical building and parking garage addition." (Dan Wong, MUNI)

Response

See pp. 166 to 174 of this document for response to this and related comments.

Comment

"The DRAFT EIR indicates that the hospital foresees no problems in accommodating the current users of the parking garage and the construction workers involved in construction of the PGA [Parking Garage Addition] during the construction process. This without utilization of the 150 or 355 spaces now or in the future supposedly needed to satisfy parking demand. All this also without use of the 60 to 93 vehicle facility closed by the hospital at Pine and Larkin Sts." (Richard Grabstein)

"The EIR reports that the sponsor is investigating the availability of off-street parking spaces to accommodate garage addition construction workers' vehicles and users of the existing garage who are temporarily displaced by construction. What does 'investigating' mean. Which mitigation measure on p. 103 applies to this situation; none appears applicable." (Dorothy Dana, NHN)

VIII. Summary of Comments and Responses

Response

As discussed on pp. 66a and 67 of the EIR, one of the two existing levels of the Pine Street garage would be available for parking by current users at all times during the eight-week foundation preparation and seismic reinforcement phase. As discussed on those pages and in the fifth paragraph on p. 102, the Hospital is investigating the availability of off-street spaces by contacting the operators of parking facilities in the surrounding area regarding short-term use of parking spaces.

The Hospital expects to acquire permission to use additional spaces on a temporary basis, at either the State Garage at 818 Leavenworth Street and/or at the Sutter/Larkin Garage, where the Hospital currently leases parking spaces for employees, until completion of the parking garage addition.

TRAVEL DEMAND

Comment

"Nob Hill Neighbors has learned that the hospital no longer subsidizes the cost of transit passes for its employees. Although the EIR states that the transit passes are on sale at the hospital, it is our understanding that St. Francis has an agreement with the City to subsidize the cost of the passes. If the subsidy program has been discontinued, this appears to violate the hospital's agreement with the City. Moreover, because there is no mention of this in the EIR, it is impossible to assess current circulation, parking, or transit conditions or the long-term effects on circulation, parking, or transit from the proposed projects. It is possible that the assumptions used in the Transportation Impacts analysis, therefore, are erroneous; if this is the case, the impact analysis is thrown into doubt." (Dorothy Dana, NHN)

Response

Saint Francis Memorial Hospital has never subsidized the cost of transit passes for its employees, nor is there an agreement with the City to do so. As discussed on pp. 68

VIII. Summary of Comments and Responses

and 69 of the EIR, travel demand (trip generation and modal split) for the proposed medical building was based on results from questionnaire surveys of office managers, physicians, office staff and patients in the existing 909 Hyde Street medical building. It was assumed that the project would exhibit the same travel demand characteristics as the existing 909 Hyde Street medical building. Because of differences in operation of a hospital versus a medical building, the results from questionnaire surveys of hospital employees, outpatients and visitors were not used to estimate the travel demand from the project.

LOCAL TRANSIT

Comment

"The report discusses the proposed project's transit impacts specifically on the 19-POLK and 27-BRYANT which serve the Northeast and Southeast quadrants of San Francisco, as well as connecting to MUNI routes serving the Southwest quadrant. However, the report failed to perform a similar analysis on MUNI routes operating on Sutter and Post Sts., located 1 to 2 blocks south of the proposed medical building, serving the Northwest quadrant of the City. As such, we believe that a similar analysis should be performed on MUNI routes operating on Sutter and Post Sts." (Dan Wong, MUNI)

Response

There would be about 16 outbound and about five inbound p.m. peak period trips on the Muni buses serving the northwest quadrant of the City. There are four bus lines running on Sutter and Post Sts. one to two blocks south of the proposed medical building (2-Clement, 3-Jackson, 4-Sutter, and 45-Union/Van Ness) and two bus lines running on Geary and O'Farrell Sts. three to four blocks south of the proposed medical building (38-Geary and 38L-Geary Limited). It is not possible to accurately predict which of these Muni lines employees and patients associated with the proposed medical building would use. As a worst-case analysis, the Winter Muni timetable (January 1987) indicates about nine scheduled outbound 2-Clement buses stopping at the Sutter/Hyde Sts. intersection during the p.m. peak period (there are

VIII. Summary of Comments and Responses

more scheduled buses for each of the 3, 4, 38, 38L and 45 lines during this period). If all 16 riders were to board the 2-Clement outbound during the p.m. peak period, fewer than two riders would be added per bus. This level of increase would not be enough to change the level of service on the 2-Clement and would not be noticeable within the day-to-day fluctuations in transit ridership.

LOCAL INTERSECTION TRAFFIC

Comment

"As Bush Street, which is located adjacent to the proposed medical building, has it's [sic] peak demand during the A.M. hours, Table 4 [Projected Peak Hour Intersection Volume-to-Capcity Ratios (V/C) and Levels of Service (LOS)] should include A.M. Peak Hour V/C and LOS data for the intersections of both Hyde at Bush and Leavenworth at Bush Sts. By using P.M. Peak Hour data for the Bush Street intersections noted in Table 4, it tends to underestimate possible impacts the project would have on both automobile traffic and MUNI surface transit operations along Bush Street during the important A.M. Peak Hour and Period." (Dan Wong, MUNI)

Response

The third and fourth sentences of the second full paragraph on p. 72 of the EIR are revised to read as follows (new language is underlined):

"The traffic that would exit from both the medical building and Pine Street garages, during the p.m. peak hour, would raise the volume-to-capacity (v/c) ratio at the Hyde Street intersections, but would not change the levels of service. The traffic using the Leavenworth Street intersections, during the p.m. peak hour, would decrease due to the elimination of the surface parking lot on the proposed Medical Building site, and its driveway on Bush Street."

The following is added after the fifth sentence of the second full paragraph on p. 72 of the EIR:

VIII. Summary of Comments and Responses

"The traffic that would enter both the medical building and Pine Street garages, during the a.m. peak hour, would raise the v/c ratio at the Bush Street intersections, but would not change the levels of service."

Table 4 on p. 73 of the EIR is replaced with the following:

TABLE 4: PROJECTED PEAK HOUR INTERSECTION VOLUME-TO-CAPACITY RATIOS (V/C) AND LEVELS OF SERVICE (LOS)/a/

<u>Intersection</u>	<u>1985/b/</u>		<u>1985 Plus Project</u>		<u>2000/c/</u>	
	<u>V/C</u>	<u>LOS</u>	<u>V/C</u>	<u>LOS</u>	<u>V/C</u>	<u>LOS</u>
<u>P.M. Peak Hour</u>						
Hyde & Pine Sts.	0.81	D	0.82	D	0.85	D
Hyde & Bush Sts.	0.58	A	0.59	A	0.62	B
Hyde & Sutter Sts.	0.52	A	0.55	A	0.58	A
Leavenworth & Pine Sts.	0.83	D	0.83	D	0.87	D
Leavenworth & Bush Sts.	0.58	A	0.58	A	0.63	B
<u>A.M. Peak Hour</u>						
Hyde & Bush Sts.	0.75	C	0.76	C	0.81	D
Leavenworth & Bush Sts.	0.69	B	0.70	B	0.75	C

/a/ Level of Service descriptions and relationship to V/C ratios are shown in Table C-13, Appendix C of this report.

/b/ Based on 1983 Cordon Counts taken by JHK and Associates for the Department of Public Works, City and County of San Francisco, March-June 1983.

/c/ See discussion of cumulative impacts on p. 79.

SOURCE: Environmental Science Associates, Inc.

Comment

"No description is given of the manner of utilization of valet services but common experience with such parking might lead a reasonable person to believe that it is slower than self-parking, especially as the proposal indicates only one additional employee will

VIII. Summary of Comments and Responses

be utilized to convert from a self-parking facility of 150 spaces to a valet parking facility of 355 spaces. The obvious result of such a plan is that cars which already back-up from the garage entrance to at least the corner of Pine and Leavenworth Sts. by 6:30 a.m. on typical mornings would back up farther and longer with the proposal. There is no indication of increasing points of access or including additional driveways to accommodate the slower auto placement. The impact of this valet system in this building is insufficiently assessed. There are no alternatives provided which would give access from two different street fronts which would significantly reduce the traffic pattern interference." (Richard Grabstein)

Response

The Pine Street Garage currently operates as a valet-parking facility (see response on p. 149 of this document). As described on p. 20 of the EIR, the garage addition would use valet parking as with the existing garage. Parking operations in the morning, when Hospital day-shift personnel arrive, infrequently result in queues of about three cars on Pine St. waiting for the attendants to serve the two or three cars inside the garage./1/ A recent one-day survey of conditions at the Pine St. Garage during the peak arrival period (6:30 a.m. to 8:30 a.m.) found no on-street queues. The peak arrival rate during a 15-minute period (96 cars per hour) occurred from 6:45 a.m. to 7:00 a.m., coinciding with the start of the Hospital day-shift at 7:00 a.m. The existing maximum service rate, based on a queue of two to three cars inside the garage, is about 120 to 130 cars per hour./2/ The garage addition has been designed to improve traffic circulation and increase the service rate by the attendants. The ramp system would be reversed to improve flow and provide space for a queue of about five or six cars inside the building./3/ Not all of the increase in arrivals at the expanded Pine St. Garage would occur at the current peak period, but rather would be spread over a longer time period during the morning. Medical building staff would mostly arrive between 8:00 a.m. and 9:00 a.m. (see Table C-1, p. A-36 of the EIR). Medical building patient appointments would start at 9:00 a.m. and peak in the early afternoon (see Table C-7, p. A-43 of the EIR). It is expected that, although the Hospital would limit monthly long-term parking spaces in the garage (see Mitigation on p. 102 of the EIR), there would be an increase in Hospital employees using the Pine St. Garage. Based on a current average waiting list for

VIII. Summary of Comments and Responses

parking of 10 to 15 employees (see p. A-35 of the EIR) a ten percent increase is projected. This would raise the peak arrival rate to about 106 cars per hour from 6:45 a.m. to 7:00 a.m. The existing peak service rate of 120 to 130 cars per hour would create a queue length of four to seven cars, the latter causing one or two cars to queue on Pine St. The increase in the service rate, due to a more efficient ramp configuration and an additional attendant, cannot be precisely quantified. Although an increase of more than five percent would be expected, an increase in the service rate of this amount, to 125 to 135 cars per hour, would result in a maximum queue length of three to five cars which could be accommodated within the garage.

The medical building parking garage would have a capacity of 117 spaces. The proposed medical building garage would provide space for a queue of about five or six cars inside the building. Based on physician, patients and other short-term parker's arrival times (see Tables C-1, C-7 and C-9 on pp. A-36, A-43 and A-44 of the EIR), the peak arrival rate (projected at about 55 cars per hour) would be less than at the Pine St. Garage. A conservatively estimated service rate of 75 cars per hour would create a maximum queue length of two cars.

Based on these projected arrival and service rates, both garages would have adequate stacking room to accommodate vehicles off the streets. See related mitigation measure discussed on pp. 231 to 232 of this document.

The following is inserted after the third sentence of the first full paragraph on p. 19 of the EIR:

There would be space for a queue of about five or six cars on the ramp inside the building's garage.

The entrance and exit ramp configuration of the parking garage addition of Pine St. has been changed.

The second sentence of the third full paragraph on p. 20 of the EIR is revised to read (new language is underlined):

The entrance and exit ramps to the garage (including the addition) would be separated and would be located on Pine St. at the east end of the site.

VIII. Summary of Comments and Responses

Figure 6 on p. 21 of the EIR has been revised to reflect this change (see p. 207 of this document).

The third sentence of the third full paragraph on p. 20 of the EIR is revised to read (new language is underlined):

The existing ramp would be reversed to improve circulation and access, and to provide space for a queue of about five or six cars inside the building and internal stacking space.

NOTES - Pine St. Garage Queueing

- /1/ Thomas Payne, Parking Coordinator, San Francisco Memorial Hospital, telephone conversation, February 2, 1987. Mr. Payne had consulted with the garage attendants as to worst-case conditions they experience.
- /2/ Environmental Science Associates, Inc., survey conducted March 2, 1987. The survey results are on file at the Department of City Planning, 450 McAllister St., San Francisco.
- /3/ Robert Baum, Project Designer, Heller & Leake Architects, letter, January 13, 1987.

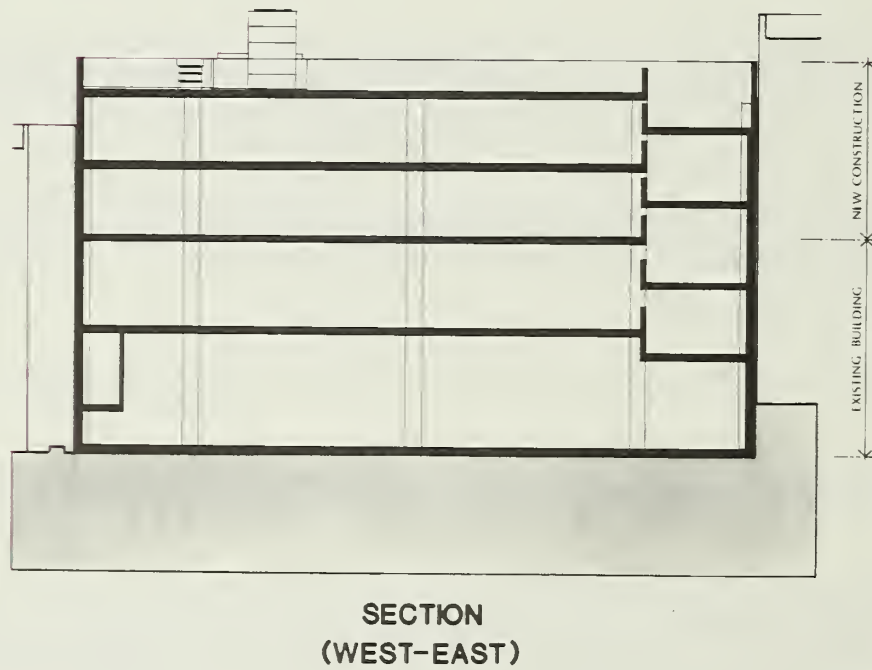
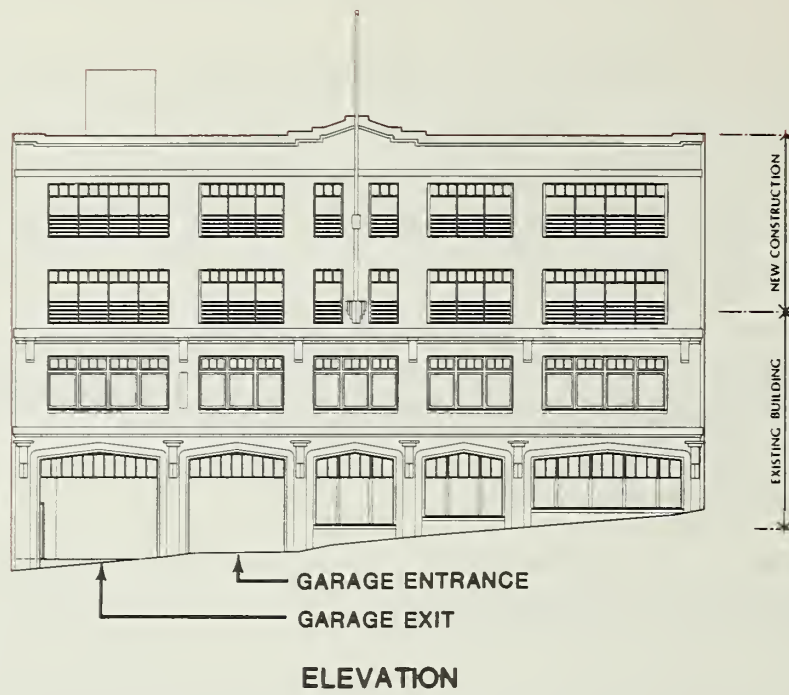
Comment

"The evening traffic pattern is also not adequately addressed. There has been no discussion of how long the designers of this garage expect the 200 or more autos therein to take to exit the premises at the evening rush. The time scale of this exit operation is complicated by the extremely heavy vehicular traffic on Pine Street into which the cars will be existing, requiring substantial wait between individual auto's access to the street." (Richard Grabstein)

Response

The following paragraph is added before the first full paragraph on p. 72 of the EIR:

During the afternoon period, vehicles exiting the Pine St. Garage are currently affected by traffic on Pine St. and the need to wait for gaps in the Pine St. traffic stream. The additional vehicles parked in the garage, generated by the project, would increase this impact. The impact would continue, as now, to be spread over an extended period of time, as departure begins at 3 p.m. when the



0 FEET 30

FIGURE 6
PARKING GARAGE ADDITION
PINE STREET ELEVATION
AND BUILDING SECTION

SOURCE: Heller and Leake, Architects, San Francisco

VIII. Summary of Comments and Responses

Hospital day shift gets off and continues until after 6 p.m. when physicians and other staff leave (see Tables C-1 and C-2, pp. A-36 and A-37 in the EIR). The traffic signal at Pine and Leavenworth Sts. creates gaps in the traffic stream when traffic is stopped by the red signal. Conflicts with Pine St. traffic would occur if cars left the garage without waiting for a gap of sufficient length. This impact could be compounded by drivers attempting to weave across the Pine St. lanes to make a left turn onto Hyde St. As previously described, the majority of the exiting vehicles are expected to stay on Pine St. until out of the project area.

Comment

"Additionally complicating the traffic pattern assessment is the fact that the proposed parking addition is very nearly opposite the loading dock for the current hospital facility. The loading dock is on the South side of Pine Street. This loading dock already causes blockage of one to two outbound traffic lanes on Pine Street when large trucks are in the process of approaching for unloading or in the process of unloading. This lane closure combined with the potential for long term lane blockage due to parking ingress and egress is absolutely ignored by the EIR. The possible consequence is either total blockage of Pine Street at heavy traffic times or reduction of Pine Street to only one lane in those or other mid-day periods.

"Does the proposal which is the subject of this EIR contemplate such a traffic pattern interference in conjunction with the construction of substantially in excess of those parking spaces required for approval of the medical office building project?"

(Richard Grabstein)

Response

The majority of loading/unloading operations at the hospital loading dock take place during the morning and early afternoon hours./1,3/ While deliveries and pick-ups occasionally occur during the mid to late afternoon hours, when traffic on Pine St. is at its heaviest, lane blockages from double-parked vehicles do not happen often enough to cause a noticeable interference with Pine St. traffic flows./2,3/ (See also related responses on pp. 204 to 206 of this document).

VIII. Summary of Comments and Responses

NOTES - Hospital Loading Dock

- /1/ Robert James, Associate Administrator, Saint Francis Memorial Hospital, telephone conversation, January 22, 1987.
- /2/ No double-parked vehicles were observed during the mid to late afternoon hours on the days of the on-street parking usage survey (October 17, 23 and 29, 1985). See Appendix C, p. A-45; for a description of survey.
- /3/ A survey of Hospital loading dock activity on January 29, 1987 corroborated both the higher frequency of morning and early afternoon deliveries and pick-ups and the general absence of double-parked vehicles during the mid to late afternoon hours. The survey results are on file at the Department of City Planning.

PEDESTRIAN MOVEMENTS

Comment

"Such long waits will also cause autos to block the 9 1/2' sidewalk [on Pine St.] while awaiting openings in traffic. This will be repeated hundreds of times per day. There is no adequate assessment of the impact of this form of parking upon the pedestrian traffic on the North side of Pine Street in the relevant rush hours. To designate this as an 'open' sidewalk is questionable. It will be dangerously and repeatedly interrupted throughout the period of heaviest pedestrian use." (Richard Grabstein)

Response

As described on p. 40 of the EIR, based on field observations conducted at the garage addition site by Environmental Science Associates on October 23 and 29, 1985, existing pedestrian volumes on the sidewalk in front of the garage are low during the noon and p.m. peak hours. As described on pp. 72a and 73 of the EIR, the project is not expected to generate enough pedestrian trips to reduce the level of pedestrian operation on this sidewalk from the "open" range. This assessment is based on the expected number of pedestrians and the width of unrestricted sidewalk available for their use. The occurrence of vehicles blocking the sidewalk would be limited to the afternoon peak period when the majority of pedestrians on the Pine St. sidewalk would be destined for the garage itself.

OFF-STREET PARKING AND LOADING

Comment

"The report attempts to characterize the project as one that avoids or minimizes disruption of adjacent residential areas (page 50). In fact, the acquisition of the garage structure at 1234 Pine Street, significantly disrupted the adjacent residential block and forced its residents to give up their only off-street parking. The magnanimous offer of parking from 5:30 p.m. to 7:30 a.m. four days per week and weekend parking until 7:30 a.m. Mondays is not a well-designed proposal. It does not distinguish between these users and the general daytime users as to utilization of valet services versus self-park facilities. An offer of 5:30 p.m. occupancy is of some doubtful value due to the access problems inherent in this small site." (Richard Grabstein)

"I have one major concern regarding the proposed addition to the Saint Francis Hospital's parking garage. The Hospital purchased this garage within the last two or three years. Prior to this, the garage was operated by a private individual who leased the space from the building's owner and ran the garage as an independent business . . . He provided parking by the hour during the daytime, mostly to staff and visitors of the Hospital, and he provided long term parking to residents of the area at night.

"After the Hospital acquired the garage, they discontinued the night parking. This forced at least 50 and probably more cars out on to the street. Further, it adversely effected the value of residential property on the block, because of the loss of this service.

"The EIR states that the proposed project will produce a surplus of 77 spaces during the peak day time parking demand period. What the report doesn't say, however, is that the Hospital has already reduced the parking spaces available at night by 50 spaces or more." (David Sage and Russell Kessler)

Response

The acquisition by the Hospital of the parking garage at 1234 Pine St. in 1983 is not a part of the proposed project which is analyzed in this EIR. The garage acquisition

VIII. Summary of Comments and Responses

was not an action which was subject to environmental review under CEQA guidelines. The inconvenience to area residents which may have resulted from discontinuation of nighttime parking at the garage is not an environmental impact resulting from the proposed project.

If there is sufficient neighborhood response, the Hospital would provide parking spaces in the Pine Street garage available to neighborhood residents between the hours of 5:30 p.m. and 7:30 a.m. four days per week (Monday through Thursday), and between 5:30 p.m. on Friday evening and 7:30 a.m. on Monday morning, for weekend parking. This program would be implemented only if there was a sufficient response from neighborhood residents willing to pay a fee for this parking in order to meet operating costs for the expanded hours of operation.

The parking garage currently closes at 9:00 p.m. and would continue to do so after completion of the garage addition. The Hospital has no plans to use the garage for night-shift employee parking. The use of the Pine St. parking garage for night and weekend parking by area residents could focus residential traffic to streets around the site, attracting vehicles which would otherwise be parked on the street. As there would be no valet parking during these nighttime and early morning hours, there would be less garage capacity and thus fewer total trips than during the peak periods. As the project would not have significant transportation impacts during the peak periods, no significant impacts would be expected from this less-intensive use. Nighttime use by area residents could possibly reduce vehicle miles travelled, since drivers would not circle around the area searching for scarce on-street parking. However, it is not possible to quantify the number of miles travelled or the amount of reduction; it is likely that the reduction is not significant in relation to overall travel in the area.

Comment

"The report also notes the current construction of an addition to the Pavilion at the corner of Hyde and Bush Sts. This addition is being constructed without the provision of any parking space to all practical appearances." (Richard Grabstein, Attorney)

VIII. Summary of Comments and Responses

Response

As discussed on p. 80 of the EIR and shown in Table 5 on p. 75 of the EIR, the parking requirement for the one-level addition to the Pierotti Pavilion (20 spaces) would be fulfilled by parking proposed in the garage addition project analyzed in this EIR.

Comment

"The use of MUNI bus zones, as proposed in the report, for commercial loading zones is not, under any circumstances, an acceptable practice. The use of bus zones for loading areas is not permitted by City ordinance and any trucks or other commercial vehicles parking in a bus zone will be subject to citations issued by the San Francisco Police Department or duly appointed MUNI personnel." (Dan Wong, MUNI)

Response

The EIR's statements (p. 79) about the probable use by larger delivery vehicles of the bus stop on Bush St. in front of the lobby entrance to the medical building are not meant as a recommendation or approval of such use. They are a description of expected operational impacts on Muni operations. The use of large delivery vehicles at the medical building would be intermittent (about one-third of the deliveries would be by these vehicles) and would occur for relatively short periods through the day. As most deliveries are expected to be made by vans, and would be accommodated in the medical buildings' parking garage, it is anticipated that there would not be a measurable effect on Muni operations.

The second full sentence of the first paragraph on p. 79 of the EIR is revised to read as follows (new language is underlined):

Larger loading vehicles would probably park in the bus stop on Bush St. in front of the lobby entrance to the medical building (which is not permitted by City ordinance and would be subject to citation by the San Francisco Police Department or duly appointed Muni personnel), or would double-park in the closest travel lane on Bush St.

TRANSPORTATION SYSTEM MANAGEMENT (TSM) PROGRAM

Comment

"Table 6 (Existing Modal Split for St. Francis Memorial Hospital and 909 Hyde Street Medical Building) should also include the hospital's previous and current TSM goals for each of the different employee categories. This would permit different departments, including the Department of City Planning and the Municipal Railway, to review the effectiveness of the current TSM program, as well as offer suggestions to improve the program's performance." (Dan Wong, MUNI)

Response

The Hospital's existing programs related to the transportation needs of its employees and patients (as described in Appendix C, p. A-35 of the EIR) does not include goals as to modal split for different employee categories. As part of the proposed mitigation measure to provide and implement an on-going TSM program (discussed on p. 101 of the EIR), the Hospital would be required to establish reasonable goals for the reduction in "drive alone" mode of commute and the increase in transit ridership and ridesharing. The setting of goals would be in accordance with guidelines in the Department of City Planning's publication "Developers' Manual for the Implementation of Transportation Broker Services and Transportation Conditions."

Comment

"If the TSM goals mentioned in the report are attained, there will be a reduction of between 60 and 120 parking spaces required by the hospital. Because of this, it does not seem to make sense now to permit the hospital to construct any additional parking above and beyond the Code. This is especially true if one of the goals of a successful TSM program is to reduce the incentives for employees to use their single or low-occupant private automobiles for their home to work trips." (Dan Wong, MUNI)

VIII. Summary of Comments and Responses

Response

The parking demand reduction of between 60 and 120 parking spaces, as a result of a TSM program, discussed on p. 78 of the EIR, is not a prior or current TSM goal of the Hospital. These figures are the results of two different possible scenarios analyzed to evaluate the effects that a successful TSM program, run by the Hospital, would have (see pp. 76 to 78 of the EIR for a full discussion of the scenarios and their effects). The TSM program mitigation measure proposed as part of the project, would require the Hospital to establish reasonable goals for transit usage, carpools, etc in order to reduce the "drive alone" mode of commute. Proposed mitigation measures that would help achieve these TSM goals include a priority system for allocating monthly parking spaces, a parking rate adjustment to provide more incentives for carpools/vanpools, and a TSM broker who would promote and advertise transit services and work in cooperation with RIDES for Bay Area Commuters (see pp. 101 to 103 of the EIR).

Alternatives B.1 and B.2 would provide less parking than the project. As discussed on pp. 110 and 112 of the EIR, the Hospital has rejected these alternatives because Hospital management believes that by providing increased off-street parking facilities, the demand for on-street parking would be reduced, thereby lessening the competition for spaces between those affiliated with the Hospital and residents in the neighborhood. However, the City Planning Commission, when taking action on the project could approve the project or any alternative, including the No Project alternative.

LOCALIZED CUMULATIVE TRAFFIC

Comment

"The traffic and transportation analyses are really inadequate. For example, you approved a garage at Polk and Bush. There is certainly going to be a cumulative impact between that garage, the parking that is proposed for the project, and the

VIII. Summary of Comments and Responses

1400 Larkin Street lot that you just recently approved. The EIR does not cover those things. It should. There have been some court decisions that you have to consider the cumulative impacts of other projects around town and in the area." (Norman Rolfe)

Response

It is assumed the commenter intended to cite the parking garage proposed for the southeast corner of Polk and Bush Sts. because 12th and Bush Sts. do not intersect each other. The original proposal for the Polk/Bush site was to construct a City Parking Authority-owned, seven-story building with 132 parking spaces above 6,000 sq. ft. of ground-floor retail space. A Negative Declaration (84.571RE) was prepared and finalized on April 4, 1985. Since 1985, the Department of Real Estate has been involved in negotiations over acquisition of the site. The original design has been rejected and revised designs are under consideration. The parking garage would still require Conditional Use authorization and review under Proposition M policies by the City Planning Commission and approval by the Board of Supervisors. There is no application for approval on file at this time with the City.^{/1/} At such time as the Parking Authority decides on a design for the garage, the City Planning Department would review the Negative Declaration approved in 1985 to determine whether further environmental review would be required. The possible cumulative impacts of the parking garage project are not analyzed in this EIR because the project is not approved or under formal review and its implementation is still uncertain.

Regarding the parking lot at 1400 Larkin St. this lot (which was formerly a service station) was approved by the City Planning Commission for temporary parking to be used only by construction workers at the Pierotti Pavilion. Impacts of this parking would be of a temporary nature during construction on the Pavilion. Cumulative transportation impacts of the Pavilion expansion and the proposed project are discussed on pp. 68, 74, and 79-80 of the EIR.

NOTE - Polk St. Garage

/1/ Matthew Ashe, Assistant Director of Property, City of San Francisco Real Estate Department, telephone conversation, February 13, 1987 and February 26, 1987.

VIII. Summary of Comments and Responses

REGIONAL FREEWAY TRAFFIC

Comment

"p. 83 'The overall two-hour commute period would not be expected to increase substantially in the future.' This statement should be compared with the statement on page just preceding this one on p. 82. It says in talking about the increase in the Regional Freeway Traffic 1984-2000: 'Both the East Bay and Peninsula corridors would have excess peak-hour demand that would not be met during the peak-period. The North Bay corridor would have excess demand in the peak period.' Please explain what is meant by 'the future' on p. 83. And please explain how the overall two-hour commute cannot increase substantially with all corridors into San Francisco at excess demand or jammed freeway conditions?" (Georgia Brittan, SFRG)

Response

The project is accounted for as part of the overall growth in the greater downtown during the 1984 - 2000 time-frame covered in the Downtown Plan EIR.

Transportation effects of the growth forecast under the Downtown Plan were analyzed for both the peak hour (i.e., the one hour period during which the system is carrying its highest traffic volume) and the peak period (i.e., the two hour period during which the system is carrying is highest traffic volume). Neither of those terms (peak hour, peak period) means that the system is operating at capacity for that entire time period, although volumes may be at capacity for portions of the peak hour or period. By the year 2000, the time period during which the transportation system is carrying capacity volumes could fill the peak hour and extend into the peak period (see Downtown Plan EIR Vol. I, pp. IV.E.32 and IV.E.34). Traffic generated by this project would contribute to that overall demand upon the transportation system.

Comment

"The existing p.m. peak period traffic conditions in San Francisco are poor. This project would probably not have an observable impact on these conditions." (Charlotte Cosulich, Caltrans)

Response

Comment noted.

F. AIR QUALITY

Comment

"pp. 5 and 87 Why is air quality data which was collected in December, 1985, still not analyzed? (Susan Bierman, Commissioner)

Response

The data collected in December, 1985, has been analyzed for the 1985 baseline year. The preliminary baseline analysis corresponds closely to the baseline data used when CO was modeled for this project. Modeling for future CO projections is currently being analyzed as part of the effort being undertaken in the analysis of the Mission Bay project. Results will be available later this year.

Comment

"Again how does air quality get analyzed at E and F intersections, factoring in the slowness or idling of cars for a block or two? It is that problem, the idling, that I don't believe we are dealing with." (Susan Bierman, Commissioner)

Response

For the CO analysis Modified Linear Rollback models traffic congestion based on traffic volumes developed for the EIR. Local CO emissions at signalized urban intersections have three components: first, the CO emitted from all vehicles as they move freely through the intersection at mid-block speed (i.e., free-flow emissions); second, the excess CO emitted from vehicle as they slow down from mid-block speed in preparation to stop and then return to mid-block speed on the other side of the intersection (i.e., acceleration-deceleration emissions); and third, CO emissions from vehicles idling in a queue while stopped (i.e., idle emissions).

VIII. Summary of Comments and Responses

Because of the three-fold nature of this local CO emissions inventory, MLR is able to model the effects of traffic congestion on air quality. As the traffic increases, the number of vehicle accelerations-decelerations and the number of vehicles idling at intersections also increases, contributing to higher CO levels there.

Comment

"If an appropriate roof were to be added to this design, it would exceed the basic 40' height limitation but would also provide a means of concentrating much environmental pollution that will now rise directly into the neighborhood atmosphere within a building whose ventilation could be used to filter and direct exhaust to the least objectionable discharge point. This is in the face of observations by the Bay Area Air Quality Management District in 1980-1981 that the Geary and Taylor test site only 4 blocks from the project then exceeded carbon monoxide concentration levels on an 8 hour average concentration basis. Addition of this concentrated source of air pollution would certainly give rise to specific violations of this and other pollutant concentration levels, both on the 1 hour and 8 hour concentration measures." (Richard Grabstein)

Response

What the commenter would consider to be "an appropriate roof" is unknown. The garage's ventilation system would force air from the garage's interior to the roof where the pollutants would be dispersed and diluted by wind before reaching ground level. Local ground-level CO concentrations are therefore not expected to be directly affected. Additionally, given automotive CO reductions due to the state Vehicle Inspection and Maintenance (I/M) program, CO contributions from vehicles will continue to decrease and the net effect of the parking garage on local air quality would be lessened further.

Comment

"p. 108 I don't think the data is reliable enough as to air quality to predict that there won't be violations of CO Standards due to cumulative development in San Francisco." (Susan Bierman, Planning Commissioner)

VIII. Summary of Comments and Responses

Response

Comment acknowledged. A discussion of air quality impacts of the project, including analysis of curbside carbon monoxide (CO) concentrations at nearby intersections in the year 2000 is included in the EIR on pp. 87 to 91. The computer model used to calculate CO concentrations (revised Modified Linear Rollback) was developed in co-operation with the Bay Area Air Quality Management District (BAAQMD). The Department of City Planning and the BAAQMD consider that this model, and data input into this model, give a reasonable estimate of future curbside CO concentrations.

Comment

"We have one comment on the Draft EIR. Ethylene oxide is currently being studied by the State Air Resources Board as a possible toxic air pollutant. If ethylene oxide would be stored or used in the facility, we suggest that the Final EIR analyze and discuss the amount used, how it is ventilated, any potential ambient air quality impacts that may occur from its use, and how air emissions of ethylene oxide could be mitigated." (Milton Feldstein, BAAQMD)

Response

The Hospital would not use or store ethylene oxide in the proposed Medical Building./1/

NOTE - Ethylene Oxide

/1/ Derek Knight, Director of Risk Management, Saint Francis Memorial Hospital, telephone conversation, March 6, 1987.

VIII. Summary of Comments and Responses

G. POPULATION AND HOUSING

POPULATION

Comment

"The EIR reports that the proposed MOB would accommodate the expected growth of outpatient service space demand in the hospital's service community. What level of growth does the hospital expect over what period of time, and how can this EIR statement be supported? In the absence of such information, it appears that construction of the medical office space in itself would generate outpatient growth." (Dorothy Dana, NHN)

Response

Saint Francis Memorial Hospital maintains records of annual outpatient visits to the emergency room, clinics, lab and therapy, and sports' medicine facilities at the main Hospital but does not maintain records of outpatient visits to doctors offices at the 909 Hyde St. medical office building. For fiscal year 1983 (beginning July 1, 1982 and ending June 30, 1983), there were a total of 94,393 outpatient visits recorded. For fiscal year 1984, there were a total of 93,378 outpatient visits; for fiscal year 1985, a total of 105,507 outpatient visits; and for fiscal year 1986, a total of 111,878 outpatient visits to the Hospital. Based on data beginning July 1, 1986 to December 31, 1986, projected outpatient visits for fiscal year 1987 (ending June 30, 1987) will be about 118,600. Projected outpatient visits for fiscal years 1988, 1989, and 1990 are 125,700, 133,200, and 141,000, respectively, based on the current annual rate of growth./1/

Growth in hospital outpatient visits is related, to some extent, to growth in nearby medical office space, since patients of doctors located near a particular hospital are more likely to use that hospital for their outpatient services. If the proposed medical office building were not built, some portion of the increasing demand for outpatient medical services would probably be met elsewhere in the City, at a facility offering outpatient physician, laboratory and therapy clinic services associated with another Hospital.

VIII. Summary of Comments and Responses

NOTE - Outpatient Growth

/1/ Lois Haggerty, Director of Planning, telephone conversation and letter, February 10 and 11, 1987.

Comment

"p. 95 This page discusses population. Looking at the information presented here commenter contends that this shows that 76% - 78% of the total net new employees would be new to the St. Francis hospital complex. (The new employees in the summary p. 6 leaves out the new lab employees.) Please confirm this and if it is not correct give the number of net new employees new to St. Francis. Based on the information on this page this is about 166 to 181 net new employees new to the St. Francis complex. Please confirm this. As the information is presented currently it is difficult for the reader to understand what this information means without taking time to do some math."

(Georgia Brittan, SFRG)

Response

The figures on employees new to Saint Francis Hospital facilities which are referred to by the commenter are correct. The following sentence is inserted after the third sentence of the last paragraph which begins on p. 95 of the EIR:

Thus, the new medical building would accommodate a total of between about 166 and 181 employees new to Saint Francis Memorial Hospital complex.

The portion of the first sentence of the third paragraph on p. 6 which reads "between about 140 and 155 are expected to be new employees. ..." is revised to read "between about 166 and 181 are expected to be new employees. . . ."

VIII. Summary of Comments and Responses

HOUSING

Comment

"The following staff comments are concerned with the adequacy of the document's consideration of regional issues as identified by Bay Area elected officials and addressed by adopted policies and recommendations in ABAG's Regional Plan 1980.

"EIRs are required by law to analyze both significant project and cumulative impacts. The DEIR does discuss the project's San Francisco housing impacts, but it ignores the subregional (cumulative) effect. We request that this be covered in the FEIR.

"Regional housing and related transportation impacts are occurring and need to be reported in the environmental review process. Without information about cumulative impacts citizens and decision-makers cannot adequately analyze a project. This is particularly important because available residential land in communities close to San Francisco is limited. Not only is their residential land limited, but these same communities are planning their own job-producing projects. When the housing demand being generated by these projects is added to that of San Francisco's new job-producing projects, clearly many new San Francisco workers will have to commute considerable distances to find affordable housing. Meanwhile, housing prices in the central portion of the Bay are bid up, and the burden of low and moderate housing production is shifted further and further out, requiring costly transportation improvements to which San Francisco development projects do not contribute." (Yvonne San Jule, ABAG)

Response

As discussed on pp. 96 to 97 of the EIR, the project alone would not have a significant effect on demand for housing in San Francisco. Similarly, as discussed on pp. 66a to 86, the project alone would not have a significant effect on transportation.

Cumulative effects of development in the C-3 District are discussed in the Downtown Plan EIR (EE81.3, certified October 18, 1984). This project EIR, although

VIII. Summary of Comments and Responses

not tiered onto the Downtown Plan EIR, uses (and references where appropriate) information on cumulative effects, including housing and transportation effects, contained in the Downtown Plan EIR.

The C-3 District contains the greatest concentration of the types of jobs most likely to be filled with workers who commute from outside of San Francisco. The Downtown Plan EIR analyzed the housing impacts of C-3 growth. That analysis was based on the forecasts of C-3 employment contained in the Downtown Plan EIR, considered in the context of regional population growth, regional employment growth, demographic changes including changes in household composition and labor force participation, and an increase in the housing supply, all as projected by ABAG. It found that C-3 workers did not represent a large percentage of the total number of employed residents of the other Bay Area counties in 1980/1981, and that these percentages would be very similar, although somewhat larger, in 2000. As shown on Table IV.D.20, p. IV.D.81h of the Downtown Plan EIR, 6.7% of all employed Alameda County residents in 1980/1981 worked in the C-3 District. This figure would grow to 15.2 to 16.1% in 2000. Santa Clara County has the lowest concentration of C-3 workers: 0.3% of employed Santa Clara County residents are employed in the C-3 District. This percentage is not expected to change in 2000. These figures show that while the number of C-3 District employees residing outside of San Francisco is expected to increase by 2000, these increases, when considered in the regional context of employment growth, are not great. For this reason, the Downtown Plan EIR did not find a significant impact on the region's housing supply as a result of cumulative downtown growth.

Comment

"p. 6 Notes that there will be 140-150 net new employees to the area. This would be 18 units of housing based on the square footage formula for OAHPP. This section and other sections need more information on who will be working." (Georgia Brittan, SFRG)

"p. 7 or 8 The OAHPP requirement should be mentioned here. P. 6 and pp. 96-97 Please update the information on OAHPP as it relates to the project. I think that the project is now subject to OAHPP, subsequent to the passing of Prop M." (Susan Bierman, Commissioner)

VIII. Summary of Comments and Responses

Response

See response to comment on p. 221 concerning new employee numbers. As discussed on p. 96 of the EIR, the proposed medical building contains less than 50,000 gross sq. ft. of office space and is therefore not subject to OAHPP requirements. Voter approval of Proposition M and the addition of Section 321.1 to the code alters the annual limit on new office space and adds criteria for projects competing for the annual limit. The OAHPP requirement (Section 313 of the Planning Code) was not changed by Proposition M. The OAHPP formula was used only to roughly estimate housing needs generated by office space in the proposed building. On the basis of the OAHPP formula, the project would generate a maximum of 18 housing units.

The commenter was not specific regarding the information requested for new employees. The first sentence of the third paragraph on p. 95 of the EIR states, "The proposed medical building would provide facilities for about 70 physicians, 135 office support staff members, 15 lab and therapy clinic staff members, six ancillary (maintenance and security) employees, and five retail service workers." As stated in the previous response, of the approximately 230 workers from 166 to 181 are expected to be new to the Hospital complex. The survey of staff at the existing 909 Hyde St. medical office building (Table C-6, p. A-42 of the EIR) determined the general residential location of staff, but did not survey their income levels.

Comment

"p. 119 Table 13 is misleading, because the DEIR for [the purpose] of avoiding the housing impact issue hedges on whether these would be jobs new to San Francisco and on the need to comply with OAHPP. Based on the Bay Area Council Report that is attached [see pp. 226 and 227 of this document], showing over 70% of the people in the Bay Area cannot afford to buy housing and the fact this is an RC-4 neighborhood (not neighborhood/commercial), the OAHPP should be imposed as a mitigation. This DEIR acknowledges on p. 98, that people cannot afford to live in the city and other recent DEIRs have stated that most of the planned housing will not be affordable to residents, for example p. 121 of the 101 Second DEIR #85.414: 'While there would be an increase in San Francisco's housing supply, the private market is expected to be unable to supply

VIII. Summary of Comments and Responses

much new housing that would be affordable to a large segment of the city's population." (Georgia Brittan, SFRG)

Response

The commenter refers to Table 13, entitled: Summary and Comparison of Project with Alternatives B.1, B.2, C, D.1 and D.2. It is not clear how this table relates to "avoiding the housing impact issue." The estimated housing demand based on the formula in the OAHPP ordinance of each alternative is added, as a new row to the bottom Table 13 p. 119:

	<u>Project</u>	<u>Atl. B1</u>	<u>Alt. B2</u>	<u>Alt. C</u>	<u>Alt. D1</u>	<u>Alt. D2</u>
Estimated Housing Demand	18	18	18	18	15	17

Effects on housing resulting from implementation of the project project are discussed on pp. 96-97 of the EIR. As the commenter notes, the EIR states on p. 98: "as some new jobs [in the project] would be held by individuals . . . who . . . lived outside the City . . . because of being unable to afford or to located suitable housing in the City."

Section 313 of the Planning Code specifies the housing requirement for office development projects. Section 313(c) specifies applicability of the housing requirement; Section 313(c(1) states that the requirement applies to office development projects proposing the net addition of 50,000 or more gross sq. ft. of office space. As discussed in the last paragraph on p. 13, "the proposed medical building would contain 46,645 gross sq. ft. of office space. . . ." and would therefore not be subject to the office development housing requirement of Section 313 of the Planning Code.

The commenter states that "over 70% of the people in the Bay Area cannot afford to buy housing based on the Bay Area Housing Data sheet dated September, 1986 by the Bay Area Council (BAC) as a reference source (see pp. 226 and 227 of this document). The commenter's statement is simplistic and misleading. The second page of the BAC report shows that based on income alone, about 80% of the

BAY AREA HOUSING DATA

The affordability of housing is a function of not only rents, home prices and interest rates, but also of household income. This month's data insert examines in detail income levels in the Bay Area and their relationship to housing affordability.

Median Household Income

The median household income for the nine county region in July of 1986 was \$28,810. As the accompanying table shows, Marin County (\$36,182) remains the wealthiest county in the Bay Area, while San Francisco has the region's lowest median household income (\$22,435). San Francisco's household income figure reflects the fact that 41% of the households in San Francisco are single-person households. Alameda, Solano, Sonoma, and Napa counties also have median household incomes below the Bay Area median.

The median household income data presented here is an estimate prepared by Urban Decision Systems (UDS) using recent income data collected by the Census Bureau, the U.S. Bureau of Economic Analysis, and the California Department of Finance. The 1980 Census is the latest authoritative data collected from individual households, and that data is presented in the accompanying table. The UDS estimates are the most current update of Census income figures.

Median Family Income

The U.S. Department of Housing and Urban Development (HUD) makes an annual estimate of median family income. This is done to help determine eligibility for federal housing assistance. The State of California and many local governments also use these income figures for their housing programs. However, HUD does not make an estimate for the nine-county region, but instead calculates income estimates for the four Primary Metropolitan Statistical Areas (PMSA) that make up the Bay Area. These estimates are presented in the accompanying table, and are compared with the UDS estimates for median family income for the nine counties.

Family income figures are significantly higher than household income figures because family income is defined for only those households with two or more related individuals. Household income, on the other hand, includes single-person households, which tend to earn less than family households where multiple wage earners are more common. However, the number of non-

Median Household Income

County	1986	1980
Alameda	\$26,002	\$18,700
Contra Costa	32,322	22,875
Marin	36,182	24,569
Napa	25,794	18,887
San Francisco	22,435	15,867
San Mateo	32,483	23,175
Santa Clara	33,206	23,370
Solano	26,377	19,264
Sonoma	25,034	17,734
BAY AREA	\$28,810	\$20,608
CALIFORNIA	\$25,044	\$18,248

Source: 1986 - estimate, Urban Decision Systems

1980 - U.S. Census

Median Family Income, 1986

County	UDS	HUD
Alameda	\$31,637	
Contra Costa	37,489	
Marin	43,128	
San Francisco	28,393	
San Mateo	38,167	
S.F.-Oakland PMSA	\$34,360	\$36,300
Solano	\$29,432	
Napa	31,762	
Solano-Napa PMSA	\$30,056	\$31,500
Santa Clara	\$37,602	\$39,200
Sonoma	\$29,321	\$30,500
BAY AREA	\$34,343	n.a.
CALIFORNIA	\$29,468	\$30,600

Sources: Urban Decision Systems (UDS)
U.S. Department of Housing
and Urban Development

Bay Area Housing Affordability

family households where multiple wage earners are more common. However, the number of non-family households continues to grow, and in some counties it comprises a significant portion of housing consumers. For instance, in San Francisco, families represent less than half of all households. Thus, median household income is a better measure for determining overall housing affordability because it measures a broader group of housing consumers. In applying its figures, HUD further defines family income by household size.

	Median household income	Median sales price	Average mortgage rate	Income required to buy	Percent unable to afford
1986	\$28,810	\$166,011	10.00%	\$50,431	79.8%
1985	\$28,636	\$138,075	11.84%	\$47,517	77.9%
1980	\$20,608	\$104,376	13.11%	\$38,910	84.7%

	Median household income	Median advertised rent	Income required to rent	Percent unable to afford
1986	\$28,810	\$695	27,800	48.1%
1985	\$28,636	\$695	27,800	48.5%
1980	\$20,608	\$395	15,800	33.6%

Sources: Urban Decision Systems, California Association of Realtors, Federal Home Loan Bank Board, and Bay Area Council.

Housing Affordability: 1980 to 1985

Increases in household income in the first half of this decade have helped to improve the affordability of home ownership, but income growth has not kept pace with increases in rent levels and rental housing has become less affordable. Between January 1980 and July 1985, the median household income in the Bay Area increased 39%, home prices rose 32%, and interest rates dropped almost one and a half points. This increased the affordability of for-sale housing, as shown in the accompanying table. However, during the same period, advertised rents increased 76% and the affordability of rental housing decreased significantly.

1986 Reverses Five-Year Trends

In the last year, median household income has increased only .6%, and the five-year affordability trends for both rental and for-sale housing have reversed--rent levels have stabilized and home prices have risen. The Bay Area median advertised rent has levelled off at \$695 for a two-bedroom apartment (refer to last month's data insert), and thus households that have gained income now find rental housing more affordable.

The affordability of home ownership, on the other hand, has worsened in the last year. Although falling interest rates at first helped improve affordability, the increased number of homebuyers entering the market has now driven home prices up more than 20% in the last year. Much of this increase has occurred in the last few months.

A Word on the Data

Housing affordability is determined using income data provided by Urban Decision Systems. For more information on their income estimates, contact Jim Paris at 213/820-8931, P.O. Box 25953, Los Angeles, CA 90025. The data on home prices is supplied by the California Association of Realtors who collect data from multiple listing services throughout the state. The average mortgage rate is the average effective rate for all home mortgages closed in June of each year as published by the Federal Home Loan Bank. Rent figures are from the Bay Area Council's quarterly survey of advertised rents. For-sale affordability is determined as three times annual housing costs on a fixed-rate 30-year mortgage with an 80% loan-to-value ratio and property tax and insurance costs equal to 1.6% of the value of the home. An affordable rent is defined as 30% of annual income.

VIII. Summary of Comments and Responses

households in the Bay Area would not, in a hypothetical situation, be able to purchase a median priced home with standard mortgage financing without paying more than one-third of their income for housing. This is a useful, but oversimplified indicator of home ownership affordability. Its usefulness is mainly for comparative purposes such as evaluating the effect on affordability over time of changes in interest rates, home prices and household incomes. It would also be a useful measure for comparing affordability in different parts of the country, state or the Bay region. It is important to note that the statistic referenced by the commenter is a measure of home ownership affordability and does not apply to the affordability of rental housing.

The BAC report is oversimplified in its measure of home ownership affordability for several reasons. First, median household income includes the incomes of many households that are not in the market for home ownership and may never be. Examples of these households include people from groups such as young singles, elderly, students, unemployed persons, disabled and households temporarily in the area. A more informative measure would be the median income of the household types more likely to pursue home ownership.

Second, the report ignores the importance of equity in an existing home or other assets in the ability of some households to afford for-sale housing. A portion of households can afford to purchase a more expensive home than their income alone would indicate, due to equity in a present home or other assets that they could apply to the purchase price.

Third, home ownership affordability is also sensitive to fluctuations in interest rates. This can be seen in the BAC figures which show that home ownership is more affordable today than it was six years ago in 1980. Generally, a better measure of housing affordability can be obtained from an analysis of the affordability of rental housing.

According to the BAC data, rental housing is relatively more affordable than home ownership. Slightly more than half of all households (about 52%) are able to afford the median priced, advertised, two-bedroom apartment without paying more than 30% of their gross income for rent. Thus, there is a segment of the Bay Area housing

VIII. Summary of Comments and Responses

market which (based on income alone) can afford to rent an apartment but cannot afford to buy. In the last two years, rental affordability has been stable and vacancy rates have increased providing renters with more choice. However, over the last six years, the affordability of rental housing declined (see BAC report, p. 2).

The rental affordability measure used in the BAC report is also a simplification. It is a measure of the affordability of a hypothetical, advertised apartment of a specific size. It is not a measure of what households are actually paying for rent. The best source of that information is the U.S. Census, but it is only available every 10 years. Since the BAC report uses advertised rents, it "tends to overemphasize newly-constructed units, as many older, lower priced apartments are leased without newspaper advertising."/1/ In a city with a rent control ordinance like San Francisco's, the difference between actual rents being paid and advertised rents would be more significant, than in the Bay Area as a whole.

The choice of the two-bedroom apartment as an indicator is also less appropriate when looking at San Francisco's situation because according to the 1980 Census, 41% of all San Francisco households are occupied by a single person. Over one-half of San Francisco households have two persons. Thus, it would be more appropriate, from a San Francisco perspective, to compare median incomes to the median priced one-bedroom or studio apartment which would adequately house the majority of the City's households.

The above discussion is meant to demonstrate the complexity of the housing affordability problem. The commenter's quote from the 101 Second Draft EIR is accurate in its assessment that much of new housing supplied by the private market would not be affordable to a large segment of the City's population.

The City Planning Commission, in its decision on the proposed project would determine the adequacy of the mitigation measures.

NOTE – Housing Affordability

/1/ Bay Area Council, December 1986, Housing Data Sheet.

H. GROWTH INDUCEMENT

Comment

"p. 97-98 This section gives no information on the growth inducing impacts of the residential neighborhood surrounding the area. Please talk about this in terms of affordable housing, not just assembling lots." (Georgia Brittan, SFRG)

Response

The first full paragraph on p. 98 of the EIR discusses the growth inducing impacts on the project area as follows:

"If marketed successfully, the project, together with any other planned development, could have growth-inducing effects by encouraging similar development on lots (including smaller lots assembled for development) currently vacant or occupied by low-rise or mid-rise buildings in the project area."

As the EIR states, the successful marketing of the project could verify a market for higher-rent commercial space in the neighborhood and contribute to a change in the perception of the area from a moderate scale residential district with neighborhood serving commercial uses to one which could accommodate larger scale, higher intensity projects. This could encourage proposals for new construction on existing vacant or underutilized lots. It could also encourage proposals to convert existing residential units to commercial uses, particularly medical office uses. However, the existing zoning controls in the area (RC-4 and Polk St. NCD) greatly limit medical institutional uses, medical office uses and the conversion of existing housing. The "priority policies" added to the City Planning Code by Proposition M would further limit the conversion of housing. City policy, as expressed by the Residence Element of the Master Plan discourages the demolition and conversion of existing dwelling units. Interim zoning controls, (under Section 401 of the Planning Code), are also in effect requiring Conditional Use authorization in order to convert any dwelling unit to commercial use.

MITIGATION MEASURES

TRANSPORTATION, CIRCULATION AND PARKING

Comment

"The placement of landscaping or other structures on the sidewalk along Bush Street fronting the proposed medical building should also be designed to minimize interference with MUNI surface operations." (Dan Wong, MUNI)

Response

The first full mitigation measure on p. 101 of the EIR is revised to read as follows (new language is underlined):

The placement of paving, landscaping or structures in the side walk area of Bush and Hyde Sts. (subject to City approval) would be done in such a way as to minimize interference with pedestrian traffic and Muni surface operations."

Comment

"If the hospital proposes to use attendants to coordinate garage usage to assure that both garages are used efficiently, the hospital should agree to not allow on-street queuing into their parking facilities. This measure, which could be implemented by proper signage and reinforced by the attendants, would allow vehicular traffic and MUNI surface operations to move freely on the streets feeding into and out of the hospital's present and proposed parking facilities." (Dan Wong, MUNI)

Response

Both the proposed Medical Building Garage and Parking Garage Addition are designed to provide space for queuing within the structures. Both garages would accommodate a queue of about five or six cars (see response on pp. 204 to 206 of this document for further discussion of this matter).

The second sentence of the third full mitigation measure on p. 101 of the EIR is revised to read as follows (new language is underlined):

VIII. Summary of Comments and Responses

The attendants at the medical building and Pine St. garages would coordinate to assure that both garages are used efficiently and to their fullest maximum use, and would direct drivers to seek parking elsewhere when the queue of waiting cars could not be accommodated in the garages.

Comment

"There are some mitigation measures which are spoken about sort of vaguely and narrowly. You could do this, and you could do that. I submit that those mitigation measures and a lot more must be included as requirements. For example, the hospital, as a mitigation measure, must be required to have a transportation broker. The transportation broker must be given some meaningful powers, not just be a figurehead."
(Norman Rolfe)

"The report notes that the proposed project will provide 322 parking spaces, 115 more than is required by the Code. The project sponsor, by their willingness to provide additional automobile parking spaces above and beyond the Code, does not seem to be dedicated towards implementing a successful TSM program which would reduce the hospital's transportation impacts on adjacent neighborhoods. Particularly, if any parking is provided in excess of code, the TSM program should include subsidizing employee transit passes, which are a proven motivator towards increasing the transit modal split.

"The TSM program should include the subsidizing of employee transit passes, which are a proven motivator in increasing the transit modal split in a number of U.S. cities. The hospital's provision of a subsidized transit pass program, to be subsidized in much the same manner as hospital employee parking is currently, would reduce transportation related impacts, caused by hospital employees using their automobiles for their home-to-work trips, in neighborhoods adjacent to the project site. We note that this had been agreed to earlier. (See comments, p. 233)." (Dan Wong, MUNI)

"The hospital must be required to sell Muni fast passes at discounts, and, if necessary, to sell other transit system passes at discounts to the employees. The hospital must be required to discourage short-term parking." (Norman Rolfe)

"p. 103 Discounted passes should seriously be considered. It could be precedent setting for other San Francisco office projects and work to solve our and the region's traffic

problems. Please give information on how this subsidy could work." (Georgia Brittan, SFRG)

"The EIR reports the sponsor's claims that removing the parking fee subsidy would be unfair to employees. If there is truth to the information that the hospital already has eliminated transit pass subsidizes, unreported in the EIR, it seems inconsistent to favor parking subsidies for one group of employees -- those who drive -- while discriminating against another group of employees -- those who wish or must patronize public transit, particularly when it is City policy to encourage transit use and discourage use of private autos." (Dorothy Dana, NHN)

"Since present spaces are reserved and, therefore, users can be identified, the hospital should consider providing free transit passes to displaced users of the existing garage during construction. The distribution of free transit passes to displaced garage users would probably be a better alternative than the provision of off-street parking spaces in helping to reduce the transportation related impacts caused by the project's construction phases." (Dan Wong, MUNI)

Response

The proposed project includes a mitigation measure for a comprehensive TSM program (described on p. 101 of the EIR):

The Hospital currently does not subsidize the price of transit passes nor have they done so in the past (see also response on pp. 200 and 201 of this document). However, the feasibility of doing so is being considered (see Mitigation Measures on p. 103 of the EIR).

Regarding the proven effectiveness of subsidized transit passes in increasing transit usage, the commenter does not cite any specific studies. Traffic Mitigation Reference Guide, (MTC, December 1984), reviews a number of measures designed to encourage transit use, among them subsidized transit passes. The report notes that "many employers who sell tickets on-site also reduce the costs of these tickets to their employees, thereby creating a further incentive to use transit."/1/ No specific studies are cited in that report. In San Francisco, Kaiser Hospital offers a \$1.00 discount on Muni Fast Passes. This program was instituted in August 1986 and the

VIII. Summary of Comments and Responses

number of Fast Passes sold has increased to about 50-60 per month. A survey of purchasers indicated that about 20 passes are bought monthly by former auto drivers. This, combined with other Kaiser programs such as the downtown shuttle and preferential carpool parking, is seen as part of a group of incentives to decrease commuting in the single occupant auto./2/

As mitigation for project impacts on the transit system, the project sponsor would be required to pay about \$234,145, the Transit Impact Development fee, to Muni and would implement a Transportation Systems Management program (see response to comment on p. 198 of this document).

The City Planning Commission, in its action to approve, approve with conditions, or disapprove the proposed project, would determine the adequacy of the mitigation measures proposed in this EIR and whether or not additional measures would be required as conditions of project approval if the project were to be approved.

The following is added as a new mitigation measure, and is inserted following the third full paragraph on p. 7, and after the first paragraph (mitigation measure) on p. 102 of the EIR:

The Hospital would offer a \$5.00 per month public transit subsidy for the displaced users of the Pine St. garage during the projected two-month construction phase when one of the two current levels at a time would be inaccessible.

The last sentence of the first partial paragraph on p. 67 is revised to read (new language is underlined):

The Hospital is investigating the availability of off-street parking spaces to accommodate garage addition construction workers' vehicles and temporarily displaced users of the existing garage, and would also offer a public transit subsidy for temporarily displaced users of the existing garage (see mitigation measures on p. 102).

NOTE - Transit Pass Subsidy

/1/ Metropolitan Transportation Commission, Traffic Mitigation Reference Guide, December, 1984, pp. 23-24.

/2/ Barbara Jarvis, Kaiser Hospital, TSM Coordinator, telephone conversation, February 12, 1987.

VIII. Summary of Comments and Responses

Comment

"Similarly, free transit passes could be made available to construction workers to lessen transportation impacts resulting from the construction phases of this project." (Dan Wong, MUNI)

Response

The likelihood of free transit passes reducing the impact from construction workers commuting to the project site in single-occupant vehicles is questionable due to the need for many of these workers to bring their own tools to the site. See the previous response about the City Planning Commission's responsibility to determine the adequacy of the mitigation measures.

Comment

"GENERAL TRANSIT OBSERVATIONS: The statistical information provided by the report is revealing of the heavy bias toward single occupant automobile users in the hospital staff. The hospital, in order to discourage such wasteful practices does what? It subsidizes parking for such wasteful individuals and does not provide significant incentives for car-pooling or mass transit usage. While subsidizing drivers, the hospital provides no support for transit users, only providing the sale of transit passes rather than subsidization thereof. While one might argue that profitability is the major motive in providing more than 150% in excess of the required parking spaces (at 80¢ per 20 minutes, it is a clear motive), while removing other parking from its inventory, this cannot be argued as to subsidized parking spaces for employees. There is no provision of employee shuttle service while the hospital provides a van service to pick up patients which is utilized only to the extent of 7 patient trips per day." (Richard Grabstein)

Response

The Hospital has not identified a demand for an employee shuttle service. Public transit is available for employees travelling from different regions around the Bay Area. In the past, the San Francisco Municipal Railway has commented that "shuttle services which duplicate existing direct transit service . . . should not be considered

or encouraged as transportation mitigation measures unless there is no excess capacity available on existing public transit routes. . . ."/1/ See response to previous comments regarding subsidized transit passes.

The reference to removing parking from its inventory is unclear. The proposed project would remove the existing surface lot at Bush and Hyde Sts. (the medical building site), but would increase the total number of off-street spaces controlled by the Hospital.

NOTE - Subsidy

/1/ K.L. (Dan) Wong, Muni Planner, letter of comments on Post Street Medical Center and Parking Garage DEIR (85.181E), publication date: May 16, 1986.

Comment

"The EIR reports that construction vehicle movements would be limited to the hours of 8:00 a.m. to 4:00 p.m., although the period of peak morning pedestrian and commute traffic lasts to 9:00 a.m. Furthermore, the two-hour peak afternoon period statistically may be between 4:00 and 6:00 p.m., but outbound traffic increases from approximately 3:00 p.m. onward and the Pine Street tow-away regulations are effective from 3:00 to 6:00 p.m. There inevitably would be conflicts between peak period traffic and construction vehicles; this measure should be revised to limit construction vehicle movements to the hours of 9:00 a.m. to 3:00 p.m." (Dorothy Dana, NHN)

Response

The hours that construction truck movements would be permitted should have been reported in the EIR as 9:00 a.m. to 4:00 p.m. The project sponsor has rejected the mitigation measure of limiting these hours to 9:00 a.m. to 3:00 p.m. because the reduced hours of construction would restrict the amount of work that could be completed each day and could lengthen the estimated 21-month construction period. The first sentence of the third mitigation measure on p. 102 of the EIR is revised to read as follows (new language is underlined):

"During the construction period, construction truck movements would be permitted only between 9:00 a.m. and 4:00 p.m. to minimize area peak hour traffic conflicts."

VIII. Summary of Comments and Responses

The following is added to p. 103 (MEASURES REJECTED BY THE PROJECT SPONSOR):

"During the construction period, construction truck movements could be permitted only between 9:00 a.m. and 3:00 p.m. to minimize area peak period traffic conflicts. This measure was rejected by the project sponsor because it would result in reduced hours of construction, restricting the amount of work that could be completed each day, and could lengthen the estimated 21-monthly construction period."

Comment

"The EIR reports that the sponsor would provide for attachment of eyebolts for Muni trolley wires. Muni presently operates no electric trolley buses on lines using Bush, Pine, or Hyde Sts., and the EIR reports no plans by Muni to electrify the 27-Bryant or express bus routes which use Bush or Pine Sts. in the morning and afternoon commute periods. Without further information, it appears that this is a "boilerplate" mitigation measure."
(Dorothy Dana, NHN)

Response

There are no current plans to electrify the 27-Bryant or the express bus routes that use Bush or Pine Street./1/ The mitigation measure that the project sponsor would agree to the attachment of eyebolts for Muni trolley wires on the proposed buildings is a standard mitigation measure for downtown development, and is intended to ease attachments for proposed and unforeseen future electrification plans. This is in accordance with Public Utilities Commission Resolution No. 81-0098 which states that "it is more economical and frequently less visually obtrusive to employ eyebolts fastened to the sides of buildings to support trolley wires" and that "the process for obtaining permission to install eyebolts is often slow, cumbersome, and uncertain."

NOTE - Eyebolts

/1/ San Francisco Municipal Railway, Short-Range Transit Plan, 1986-1991, June 1986.

VIII. Summary of Comments and Responses

Comment

"The EIR reports that the sponsor has rejected a mitigation measure to allocate at least 65 percent of proposed MOB parking spaces for patients and visitors whose needs would be short term, with the hospital preferring to cater to the convenience of physicians' long-term parking needs. The EIR fails to report, however, the proximity of the existing MOB garage where parking spaces could be equally attractive to doctors." (Dorothy Dana, NHN)

Response

As described on p. 39 and on p. A-47 (Table C-11) of the EIR, the existing parking garage under the 909 Hyde St. medical building is currently reserved for medical office staff, and patients and visitors going to the hospital or medical offices, from 7:00 a.m. to 9:00 p.m., and for hospital employees on the night shift (11:00 p.m., to 7:00 a.m.). Physicians use the adjoining 70-space surface lot on Pine St. Weekday parking surveys taken on October 23 and 29, 1985 by the Department's consultant showed average occupancy at the 909 Hyde St. garage and adjoining lot of 100% at mid-day, 92% at mid-afternoon, and 76% at 5:00 p.m. Since these facilities are already fully used by existing physicians, staff and visitors, parking for the new physicians at the proposed medical building would have to be provided in either the proposed medical building's garage or the Pine St. Garage addition.

Comment

"In addition, parking rates for the hospital's present and proposed parking facilities, like all of the other parking facilities located in the nearby C-3 Central Business District, should be priced to encourage short-term parking while discouraging long-term parking. The pricing structure should be continually subject to City Approval." (Dan Wong, MUNI)

Response

A mitigation measure like that suggested by the commenter was included in the Post Street Medical Building and Garage project 85.181E, certified September 4, 1986, approved on September 4, 1986, by the City Planning Commission.

VIII. Summary of Comments and Responses

Comment noted. Parking rates that encourage short term parking, are required in all new garages in the C-3 District. The City Planning Commission could require such parking rates for this project as a condition of project approval.

Comment

"The project sponsor has stated in previous draft copies of this report, (p. 99 in the Preliminary Draft Environmental Impact Report dated June 12, 1986, and p. 102 in the Preliminary Draft Environmental Impact Report dated October 9, 1986) that they were willing to subsidize transit passes for employees at the same rate as they currently subsidize parking rates to encourage increased transit usage by their employees. However, in a very recent letter (attached) [see p. 240 of this document] to Catherine Siegel, Department of City Planning dated November 3, 1986, the hospital stated that they would now only 'consider' subsidizing employee transit passes. With transportation related problems reaching near intolerable levels in the neighborhood around the hospital, the hospital, in fairness to hospital employees using transit rather than their automobiles for their home to work trips, should agree to subsidize employee transit passes."
(Dan Wong, MUNI)

Response

Comment noted.

Comment

"In addition, it should be specifically noted that all bus stop closures and relocations resulting from the construction phases of this project would be subject to the review of the Municipal Railway." (Dan Wong, MUNI)

Response

Comment noted. The following is added to the end of the fourth full paragraph on p. 67a of the EIR:

"Bus stop closures and relocations are subject to review and approval by the Municipal Railway."



Saint Francis Memorial Hospital

Post Office Box 7726 San Francisco, California 94120 (415) 775-4321

November 3, 1986

Ms. Catherine Seigel
Office of Environmental Review
450 McAllister Street
6th Floor
San Francisco, CA 94102

RECEIVED

NOV 05 1986

CITY & COUNTY OF S.F.
DEPT. OF CITY PLANNING

Dear Ms. Seigel:

Saint Francis Memorial Hospital has the following comments on PDEIR IV:

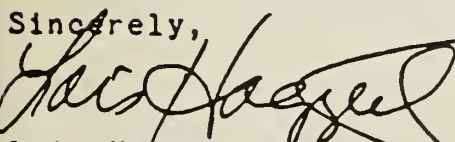
- 1) p. 7 - Under "Measures Proposed as Part of the Project", second paragraph: "...and would offer transit systems' monthly passes to their employees at discounted prices,...". This should be placed in the "Under Consideration" section.
- 2) p. 103 - Under "Measures Rejected by the Project Sponsor", second paragraph: "In the project sponsor's opinion, at least 70 parking spaces..." This sentence should read: "In the project sponsor's opinion, at least 57 parking spaces in the medical building garage must be reserved for the physicians anticipated in the new building,..."

p. 103 - third paragraph under the same section, the last sentence, "The project sponsor also believes that removing the fee subsidy for employees would be unfair to those employees." This sentence should read: "The project sponsor offers the fee subsidy to both union and non-union employees, and believes that removing the fee subsidy would be unfair to employees."

- 3) p. A-35 - Section entitled "Inpatient Pick-up Services", the second sentence should read: "The service provides free, door-to-door, one way or roundtrip transportation for all inpatients, patients scheduled for same-day surgery, members of the Hospital's Healthwise Senior program for all pre-scheduled medical appointments, and one to two accompanying relatives or friends."

The last sentence in the same section should read:
"Currently the service generates about seven patient trips per day, ..."

Sincerely,


Lois Haggerty
Director of Planning

A Non-Profit, Non-Sectarian Hospital.

240

Attachment to Comments
From Muni dated
Nov. 20, 1986.

CONSTRUCTION NOISE

Comment

"The EIR reports that construction would take place between the hours of 8:00 a.m. and 5:00 p.m. but does not indicate if construction would occur on weekdays only. Noise mitigation measures on pp. 104 to 105 should be expanded to limit construction which would result in increased noise levels beyond the property lines to the hours of 8:00 a.m. to 5:00 p.m. on weekdays only." (Dorothy Dana, NHN)

Response

The following is added as a new mitigation measure, and is inserted following the last full paragraph (mitigation measure) on p. 8a, and is inserted following the first full paragraph (mitigation measure) on p. 105 of the EIR:

The project sponsor would require the general contractor to limit construction activities which would result in increased noise levels beyond the property lines to between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday.

The last sentence of the last full paragraph on p. 94 of the EIR is revised to read (new language is underlined):

Construction activities which would result in increased noise levels beyond the property lines would take place only between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday.

J. ALTERNATIVES

Comment

"The EIR's assessment of alternatives fails to provide usable information for Nob Hill residents, other interested people and organizations, and City decision-makers. First, it accepted the basic development components identified in the 1985 [Institutional] Master Plan -- a plan which has not undergone environmental review to assess alternative locations for facilities. Thus, the EIR examines various modifications in the size, heights,

VIII. Summary of Comments and Responses

number of parking spaces, total floor area, and mixes of office, retail, laboratory, and clinic square footages without analyzing whether these facilities would be more appropriately located in existing buildings, in an expanded Pierotti Pavilion, or on the hospitals' other properties. The alternatives selected for analysis in the EIR, therefore, are only a partially useful exercise in examining realistic alternatives to the project as presently proposed. In limiting the project description to two discrete building proposals, alternative Master Plan approaches go unexamined, leaving open the question of whether other approaches would be equally or more practical or would be less disruptive environmentally.

"In order to assess practical, realistic alternatives to either the project as proposed or the Master Plan as presented in 1985, the current and projected needs of the hospital must be evaluated first. We recognize that health care is an industry, that hospitals are businesses, and, moreover, that there is considerable competition to attract business among health care providers in the marketplace. We recognize that hospital administrators have long-range plans to build new and recycle and modernize existing facilities in order to remain competitive and, accordingly, design their renovation and expansion programs to retain maximum flexibility over 20- to 30-year intervals. With this in mind, we assume that St. Francis has developed information to support its pending projects which would address the need for these projects as proposed. Because this information is one link in the chain of decisions culminating in the applications to the City and because the decisions led the City to prepare an EIR, it is imperative to assess the need for the facilities in order to determine if environmental impacts could be reduced by an alternative building program.

"The hospital's representatives have stated publicly that St. Francis only is purchasing 'unincumbered' properties to accommodate its future expansion plans, such as the acquisition of the 1400 Pine Street parcel not covered by the 1985 Master Plan. Thus, the project sponsor suggests that no additional residential units would be purchased and removed from the neighborhood's housing stock. In this context, it is unfortunate that the hospital and the EIR apparently did not explore the once-possible opportunities to expand facilities at the medical building located at the southwest corner of Bush and Hyde Sts.

VIII. Summary of Comments and Responses

(AB 279, Lot 1). It was sold in May, 1986, (while the hospital purchased the 1400 Pine parcel in July, 1986) and currently houses a 'St. Francis Home Care' office." (Dorothy Dana, NHN)

Response

The Hospital's Institutional Master Plan itself is not subject to environmental review under the California Environmental Quality Act (CEQA), because it is an informational document which is not approved or adopted by the City, and is therefore not subject to the environmental review requirements of CEQA. Once specific projects for individual elements of the Institutional Master Plan are proposed for City approval or permits, environmental review is required (see response on pp. 164 to 174 of this document).

CEQA Section 15126(d), Alternatives to the Proposed Action, paragraph 5 states, "the range of alternatives required, in an EIR is governed by 'rule of reason' that requires the EIR to set forth only those alternative necessary to permit a reasoned choice. The key issue is whether the selection and discussion of alternatives fosters informed decision-making and informed public participation. An EIR need not consider any alternative whose effect cannot be reasonably ascertained and whose implementation is remote and speculative."

Thus, discussion of all possible alternatives which could be implemented by the Hospital would not necessarily permit decision-makers to more easily determine the effects of the proposed project. An evaluation of 'need' for a proposed project is not part of the environmental review of a proposed project under CEQA. However, an evaluation of 'need' is one of the criteria which will be considered by the City Planning Commission to evaluate the medical building portion of the project under Section 321, the annual office development limitation. One of the criteria to be considered by the City Planning Commission, in taking any action on project approval is, "The anticipated uses of the proposed office development, in light of employment opportunities to be provided, needs of existing businesses, and the available supply of space suitable for such anticipated uses."

VIII. Summary of Comments and Responses

Comment

"None of the alternatives provided the EIR give any weight or any discussion to the integration of this property or any of the other properties into a long-term plan for providing appropriate parking for the projected uses of the hospital, its staff, and medical accessories, including the doctors' offices, for which this parking garage, a block and a half away, is supposed to be an accessory.

"Why are these parking spaces so much in excess of the requirements placed so far off-site while the alternatives presented include the plan to construct additional parking facilities on the site of the proposed medical building?" (Richard Grabstein)

Response

Table 13 on p. 119 of the EIR presents a comparison between the proposed project and its alternatives (except Alternative A-No Project). The table summarizes the amount of code-required parking required for medical office, lab/therapy, and retail space under the project and the alternatives. In addition, Table 13 includes a summary of proposed parking spaces and parking demand for the project and the alternatives. The EIR also states on p. 11 (Project Sponsor's Objectives) that one of the sponsor's objectives, "is to meet present and anticipated future parking needs by increasing off-street parking supply, thereby reducing on-street parking problems in the area." The City Planning Commission may approve the project as proposed, one of the alternatives (containing more, or less, parking spaces than the project), or a combination of elements of one of the alternatives and the proposed project, or may disapprove the project.

K. STAFF-INITIATED TEXT CHANGES

On p. 1, third paragraph, first sentence 'an 16-ft. mechanical level' is changed to 'a 16-ft. mechanical level.'

On p. 13, in the fourth sentence of the third paragraph, 'The outdoor garden (about 300 sq. ft.) . . . 'is corrected to read 'The outdoor garden (about 1,250 sq. ft.) . . . '

On p. 20, in the second sentence of the third full paragraph, 'on Bush St. at the east end of the site' is changed to read 'on Pine St. at the east end of the site.'

On p. 39, in the first sentence of the first paragraph, footnote /14/ is changed to footnote /4/.

On p. 67, first partial paragraph, the page number referring to the mitigation measure is changed to p. 102.

On p. 78, the last part of the second sentence of the first full paragraph 'the adjustment of parking rates to provide a greater incentive for ridesharing' is changed to read 'the limitation of monthly parking to carpools and priority employees.'

On p. 92, the last part of the first sentence of the fourth paragraph 'of the City Police Code' is changed to 'of the City Administrative Code.'

IX. EIR AUTHORS AND CONSULTANTS; ORGANIZATIONS AND PERSONS CONSULTED

EIR AUTHORS

San Francisco Department of City Planning
450 McAllister Street, Sixth Floor
San Francisco, CA 94102
Environmental Review Officer: Barbara Sahm
EIR Supervisor: Sally Maxwell
Project Coordinator: Catherine Siegel

EIR CONSULTANTS

Environmental Science Associates, Inc.
760 Harrison Street
San Francisco, CA 94107
Marty Abell
Chris Glore

Associate-in-Charge
Project Manager

Edward M. Rose
E. M. Rose Associates
435 Bryant Street
San Francisco, CA 94107
(Land Use and Zoning, Visual Resources)

Donald Ballanti
1424 Scott Street
El Cerrito, CA 94530
(Wind Report)

PROJECT SPONSOR

Saint Francis Memorial Hospital
900 Hyde Street
San Francisco, CA 94109
John Williams, Executive Vice President
Lynn Adamson, Assistant Administrator
Lois Haggerty, Director of Planning
Robert James, Associate Administrator

PROJECT ARCHITECTS

Heller and Leake, Architects
785 Market Street
San Francisco, CA 94103
Jeffery Heller
Robert Baum
Rafael Cedillos

LEGAL COUNSEL

Coblentz, Cahen, McCabe & Breyer
One Embarcadero Center, 35th Floor
San Francisco, CA 94111
William Coblentz
Harry O'Brian

PERSONS CONSULTED

Department of City Planning
450 McAllister Street
San Francisco, Ca. 94102
David Feltham
William Wycko

San Francisco Department of Public Works
Traffic Engineering Division
460 McAllister Street
San Francisco, Ca. 94102
Edward Leung

X. DISTRIBUTION LIST

FEDERAL AND STATE AGENCIES

Northwest Information Center
California Archaeological Inventory
Department of Anthropology
Sonoma State University
Rohnert Park, CA 94928
Attn: Christian Gerike

California Department of Transportation
Business and Transportation Agency
P.O. Box 7310
San Francisco, CA 94120
Attn: Wallace Rothbart,
District CEQA Coordinator

REGIONAL AGENCIES

Association of Bay Area Governments
P.O. Box 2050
Oakland, CA 94604

California Department of Transportation
Public Transportation Branch
P.O. Box 7310
San Francisco, CA 94120
Attn: William Chastain

Bay Area Air Quality Management
District
939 Ellis Street
San Francisco, CA 94109
Attn: Irwin Mussen

CITY AND COUNTY OF SAN FRANCISCO

Bureau of Building Inspection
450 McAllister Street
San Francisco, CA 94102
Attn: Franklin Lew,
Acting Superintendent

Landmarks Preservation Advisory Board
450 McAllister Street
San Francisco, CA 94102
Attn: Jonathan Malone

Mayor's Economic Development Council
100 Larkin Street
San Francisco, CA 94102
Attn: Mr. Bill Witte

Mayor's Office of Community Development
100 Larkin Street
San Francisco, CA 94102
Attn: Moira So

Public Utilities Commission
949 Presidio Avenue, Room 150
San Francisco, CA 94115
Attn: Tom Jordan,
Director Bureau Services

Public Utilities Commission
Bureau of Energy Conservation
110 McAlister Street, Room 402
San Francisco, CA 94102
Attn: Joseph Johnson, Director

Recreation & Park Department
McLaren Lodge
Golden Gate Park
Fell and Stanyan Streets
San Francisco, CA 94117
Attn: Deborah Lerner

San Francisco Bureau of Engineering
Streets and Highways
45 Hyde Street, Room 212
San Francisco, CA 94102

San Francisco City Planning Commission
450 McAllister Street
San Francisco, CA 94102
Attn: Lori Yamauchi
Toby Rosenblatt, President
Richard Allen
Susan Bierman
Roger Boas
Bernice Hemphill
Norman Karasick, Alt.
Yoshio Nakashima
Rudy Nothenberg
Douglas G. Wright, Alt.

San Francisco Department of
Public Works
Bureau of Engineering
Division of Streets & Highways
45 Hyde Street, Room 222
San Francisco, CA 94102
Attn: Tim A. Molinare

San Francisco Department of
Public Works
Mechanical Engineering Section
45 Hyde Street, Room 222
San Francisco, CA 94102
Attn: Vijay K. Gupta

San Francisco Department of
Public Works
Traffic Engineering Division
460 McAllister Street
San Francisco, CA 94102
Attn: Nelson Wong

San Francisco Fire Department
260 Golden Gate Avenue
San Francisco, CA 94102
Attn: Ed Phipps, Chief
Division of Planning & Research

San Francisco Municipal Railway
MUNI Planning Division
949 Presidio Avenue, Room 204
San Francisco, CA 94115
Attn: Peter Straus

San Francisco Public Utilities
Commission
425 Mason Street, 4th Floor
San Francisco, CA 94102
Attn: Leonard Tom

San Francisco Real Estate Department
25 Van Ness Avenue, 4th Floor
San Francisco, CA 94102
Attn: Mr. Wallace Wortman,
Director of Property

Water Department
Distribution Division
425 Mason Street
San Francisco, CA 94102
Attn: Han Bruno,
Assistant Manager

GROUPS AND INDIVIDUALS

AIA
San Francisco Chapter
790 Market Street
San Francisco, CA 94102

John Bardis
Sunset Action Committee
1501 Lincoln Way, #503
San Francisco, CA 94122

Alice Suet Yee Barkley
The Flood Building
870 Market Street, Suite 913
San Francisco, CA 94102

Peter Bass
Ramsey and Bass
3756 Grant Avenue, Suite 301
Oakland, CA 94610

Bay Area Council
847 Sansome Street
San Francisco, CA 94111

Albert Beck
c/o Geography Department
California State University, Chico
Chico, CA 95929

Bendix Environmental Research, Inc.
1390 Market Street, Suite 902
San Francisco, CA 94102

Tony Blaczek
Finance Department Coldwell Banker
1 Embarcadero Center, 23rd Floor
San Francisco, CA 94111

Bruce Breitman
The Breitman Company
120 Howard Street, Suite 440
San Francisco, CA 94105

Georgia Brittan
870 Market Street, Room 1119
San Francisco, CA 94102

X. Distribution List

Brobeck, Phleger, Harrison
One Market Plaza
San Francisco, CA 94105
Attn: Susan R. Diamond

Michael Buck
1333 - 35th Avenue
San Francisco, CA 94122

Dale Carlson
369 Pine St., #800
San Francisco, CA 94104

Charter Commercial Brokerage Company
Market Research Department
101 California Street, Suite 900
San Francisco, CA 94111

Chickering & Gregory
3 Embarcadero Center, 23rd Floor
San Francisco, CA 94111
Attn: Kent Soule

Coalition for San Francisco Neighborhoods
Mrs. Dorice Murphy
175 Yukon Street
San Francisco, CA 94114

Joseph Cortiz
2853 22nd Street
San Francisco, CA 94110

Dan Cressman
c/o Leland-Whitney Ltd.
332 Pine Street, Suite 200
San Francisco, CA 94101

Cushman & Wakefield of California, Inc.
Bank of America Center
555 California Street, Suite 2700
San Francisco, CA 94104
Attn: Kent Swig

Calvin Dare
David R. Rhoades and Associates
400 Montgomery Street, Suite 604
San Francisco, CA 94104

Arlene Deovelot
1264 Pine Street
San Francisco, CA 94109

Alex Diamondidis
#58 Varennes
San Francisco, CA 94133

James S. Dielschneider
258-B Red Rock Way
San Francisco, CA 94131

Rita Dorst
RB International Services
9 Boston Ship Plaza
San Francisco, Ca 94111

Downtown Association
582 Market Street
San Francisco, CA 94105
Attn: Mr. Lee Dolson

Marc Dragun
Knox and Cincotta
1170 Market Street, #300
San Francisco, CA 94102

Michael V. Dyett
Blayney-Dyett
70 Zoe Street
San Francisco, CA 94103

Environmental Impact Planning
319 Eleventh Street
San Francisco, CA 94103
Attn: Cathleen Galloway Brown

Environmental Planning & Research, Inc.
649 Front Street
San Francisco, CA 94111
Attn: Leslie de Boer

Farella, Braun & Martel
235 Montgomery Street
San Francisco, CA 94104
Attn: Sandra Lambert

Suzanne Forman
Gaston Snow and Ely Bartlett
101 California Street, 40th Floor
San Francisco, CA 94111

Friends of the Earth
1045 Sansome Street #404
San Francisco, CA 94111
Attn: Connie Parrish

The Foundation for San Francisco's
Architectural Heritage
2007 Franklin Street
San Francisco, CA 94109
Attn: Mark Ryser,
Executive Director

Gensler and Associates
550 Kearny Street
San Francisco, CA 94108
Attn: Jane Winslow

Charles T. Gill
The Aspen Group West, Inc.
505 Sansome Street, Suite 1005
San Francisco, CA 94111

Goldfarb & Litman
491 9th Street
Oakland, CA 94607
Attn: Paula Crow

Richard M. Grabstein
Orme & Grabstein
645 Larkin Street
San Francisco, CA 94109

Gary E. Green
Project Manager
Chevron Land & Development Company
P. O. Box 7147
San Francisco, CA 94120-7147

Annette M. Granucci
Commercial News Publishing Co.
125 Twelfth Street
San Francisco, CA 94103

Gruen Gruen + Associates
564 Howard Street
San Francisco, CA 94105

Valerie Hersey
Munsell Brown
950 Battery
San Francisco, CA 94111

Peter Healy
Gaston Snow and Ely Bartlett
101 California Street, 44th Floor
San Francisco, CA 94111

Sue Hestor
870 Market Street, Room 1121
San Francisco, CA 94102

- Tina Hogan
Barker Interest, Ltd.
388 Market Street
3rd Floor
San Francisco, CA 94108

Kaplan/McLaughlin/Diaz
222 Vallejo Street
San Francisco, CA 94111
Attn: Jan Vargo

Lee & Fan
Architecture & Planning, Inc.
580 Market St., Suite 300
San Francisco, CA 94104
Attn: Robert Fan, Jr.

Carole Lester
Lawyers Title Company of San Francisco
One California Street, Suite 2200
San Francisco, CA 94111

Olive Lewis
Solem and Associates
545 Mission Street
San Francisco, CA 94105

Larry Mansbach
120 Montgomery Street, Suite 1776
San Francisco, CA 94104

Marathon U.S. Realities, Inc.
595 Market Street, Suite 1330
San Francisco, CA 94105
Attn: Rolf Wheeler

- Esther Marks
125 Upper Terrace
San Francisco, CA 94117

Bruce Marshall
San Francisco Muni Coalition
600 Montgomery Street, 13th Floor
San Francisco, CA 94111

Cliff Miller
970 Chestnut Street #3
San Francisco, Ca 94109

- Chris Nelson
Heritage
2007 Franklin Street
San Francisco, CA 94109

X. Distribution List

Nob Hill Association
1075 California Street
Huntington Hotel
San Francisco, CA 94108
Attn: Gray Creveling

Nob Hill Neighbors
1324 Sacramento Street
San Francisco, CA 94109
Attn: Dorothy Dana

North of Market Planning Coalition
295 Eddy Street
San Francisco, CA 94101
Attn: Brad Paul

George Myers & Associates
420 Sutter Street
San Francisco, Ca 94108
Attn: Marty Zwick

Louise Nichols
Nichols-Berman
142 Minna Street
San Francisco, CA 94105

Daj Oberg
Knox & Cincotta
944 Market Street, 8th Floor
San Francisco, CA 94102

Page Anderson & Turnbull
364 Bush Street
San Francisco, CA 94104

Perini Corporation
75 Broadway
San Francisco, CA 94111
Attn: Christopher Scales

Pillsbury, Madison & Sutro
P.O. Box 7880
San Francisco, CA 94120
Attn: Susan Pearlstine

Planning Analysis & Development
530 Chestnut Street
San Francisco, CA 94133
Attn: Gloria Root

Mrs. G. Bland Platt
310 Walnut Street
San Francisco, CA 94118

Polk District Merchant's Association
1733 Polk Street
San Francisco, CA 94109
Attn: Pat Darden

Gene Pollard
105 LaMesa
Burlingame, CA 94010

Neville Price & Associates
25 Ecker Square, Suite 1050
San Francisco, CA 94105

David Prowler
Chinatown Resource Center
1525 Grant Avenue
San Francisco, CA 94133

Bruce Raful
Rothschild Cappiello
332 Pine Street, Suite 511
San Francisco, CA 94104

Research & Decisions Corporation
375 Sutter Street, Suite 300
San Francisco, CA 94108
Attn: Deborah McNamee

Bob Rhine
Capital Planning Department
University of California
San Francisco
145 Irving Street
San Francisco, CA 94122

- David P. Rhoades & Associates
400 Montgomery Street
Suite 604
San Francisco, CA 94104

Royal Lepage Commercial Real Estate
Services
353 Sacramento Street, Suite 500
San Francisco, Ca 94111
Attn: Richard Livermore

San Francisco Building and
Construction Trades Council
400 Alabama Street, Room 100
San Francisco, CA 94110
Attn: Stanley Smith

San Francisco Chamber of Commerce
465 California Street
San Francisco, CA 94105
Attn: Richard Morten

San Francisco Christian School
699 Serramonte Blvd.
Daly City, CA 94015
Mr. John Innes

San Francisco Ecology Center
13 Columbus Avenue
San Francisco, CA 94111

San Francisco Labor Council
510 Harrison Street
San Francisco, CA 94105-3104
Attn: Walter Johnson

San Francisco Planning &
Urban Research Association
312 Sutter Street
San Francisco, CA 94108

San Francisco Tomorrow
942 Market, Room 505
San Francisco, CA 94102
Attn: Tony Kilroy

John M. Sanger
Pettit & Martin
101 California Street, 35th Floor
San Francisco, CA 94111

Sedway Cooke Associates
350 Pacific Avenue, 3rd Floor
San Francisco, CA 94111

Richard Seeley & Co.
1814 Franklin Street, #503
Oakland, CA 94612

Shartsis Freise & Ginsburg
255 California Street, 9th Floor
San Francisco, CA 94111
Attn: Dave Kremer

Sierra Club
730 Polk Street
San Francisco, CA 94109
Attn: Becky Evans

Skidmore, Owings and Merrill
One Maritime Plaza
San Francisco, CA 94111
Attn: Jerry Goldberg

Marsha Smolens
HMS Associates
1 Jackson Street
San Francisco, CA 94111

Robert Snook
Wells Fargo Bank
475 Langton Street
San Francisco, CA 94111

Mark R. Solit
Embarcadero Center, Ltd.
Four Embarcadero, Suite 2600
San Francisco, CA 94111

Kenneth T. Sproul
The Rubicon Group
351 California Street, Suite 500
San Francisco, CA 94104

Square One Film & Video
725 Filbert Street
San Francisco, CA 94133

Doug Stevens
State Coordinator Food &
Fuel Retails for Economic Equality
770 L Street, Suite 960
Sacramento, CA 95814

Wayne E. Stiefvater, President
Appraisal Consultants
701 Sutter Street
San Francisco, CA 94109

Robert S. Tandler
Steefel, Levitt & Weiss
One Embarcadero Center, 29th Floor
San Francisco, CA 94111

Rod Teter
Cahill Construction Company
425 California Street, Suite 2300
San Francisco, CA 94104

Jerry Tone, Loan Officer
Real Estate Industries Group
Wells Fargo Bank, N.A.
475 Sansome Street, 19th floor
San Francisco, CA 94111

John Twichell & Associates
P. O. Box 2115
San Francisco, CA 94126

Joel Ventresca
202 Grattan Street
San Francisco, CA 94117

Steven Weicker
899 Pine Street, #1610
San Francisco, CA 94108

Calvin Welch
Council of Community Housing
Organizations
409 Clayton Street
San Francisco, CA 94117

Eunice Willette
1323 Gilman Avenue
San Francisco, CA 94124

Bethea Wilson & Associates
Art in Architecture
2028 Scott, Suite 204
San Francisco, CA 94115

- Lesley J. Wolf
879 Hyde Street
San Francisco, CA 94109

Marie Zeller
Whisler-Patri
P.O. Box 7054
San Francisco, CA 94120-7054

ADJACENT PROPERTY OWNERS

John A. & Christina M. Donovan
1225 Pine Street
San Francisco, CA 94109

John E. Hallinan
555 47th Avenue
San Francisco, CA 94121

Tim & Agnes Heiman
419 Park Boulevard
Palo Alto, CA 94306

Rochelle Kingsland
1200 Pine Street, #6
San Francisco, CA 94109

Sanford Kingsley
c/o Devpac
P.O. Box 3146
San Francisco, CA 94119

Ronald M. Lavigna
Lesley J. Woff
879 Hyde Street
San Francisco, CA 94109

Douglas and Richard F. Lee
James and Fee Yee Trust
720 Honda Way
Fremont, CA 94539

Mike C. & Linda M. Lew
Deborah M. & Diana M. Lew
1501 Lake Street
San Francisco, CA 94118

George C. Louie
c/o Hanford-Freund & Company
47 Kearny Street
San Francisco, CA 94108

Ying Yuen Lam & Ngan Ting Ng
c/o Jim Lee
2024 Santiago Street
San Francisco, CA 94116

Nee Leong & Lai King Quan
1842 Mason Street
San Francisco, CA 94133

Paul & Lily Mak
1639 15th Avenue
San Francisco, CA 94122

Roycroft Company
c/o Kantilal G. Waland
972 Sutter Street
San Francisco, CA 94109

David M. & Lily Sage
2031 Baker Street
San Francisco, CA 94115

Samuel Siegel
c/o World Savings & Loan Association
1970 Broadway
Oakland, CA 94612

How Sing & Mei Fung Won
Tony L. & Fong Chun Jew
1351 California Street
San Francisco, CA 94109

LIBRARIES

Cogswell College Library
600 Stockton Street
San Francisco, CA 94108

Document Library (2 copies)
City Library - Civic Center
San Francisco, CA 94102
Attn: Faith Van Liere

Environmental Protection Agency Library
215 Fremont Street
San Francisco, Ca 94105
Attn: Jean Circiello

Stanford University Libraries
Jonsson Library of Government Documents
State and Local Documents Division
Stanford, CA 94305

Government Publications Department
San Francisco State University
1630 Holloway Avenue
San Francisco, CA 94132

Hastings College of the Law - Library
200 McAllister Street
San Francisco, CA 94102-4978

MEDIA

Associated Press
1390 Market Street, Suit 318
San Francisco, CA 94102
Attn: Bill Shiffman

San Francisco Bay Guardian
2700 - Nineteenth Street
San Francisco, CA 94110
Attn: Patrick Douglas, City Editor

San Francisco Business Journal
635 Sacramento Street, Suite 310
San Francisco, CA 94111
Attn: Kirstin E. Downey

San Francisco Chronicle
925 Mission Street
San Francisco, CA 94103
Attn: Evelyn Hsu

San Francisco Examiner
P.O. Box 7260
San Francisco, CA 94120
Attn: Gerald Adams

San Francisco Progress
851 Howard Street
San Francisco, CA 94103
Attn: E. Cahill Maloney

The Sun Reporter
1366 Turk Street
San Francisco, CA 94115

Tenderloin Times
146 Leavenworth Street
San Francisco, CA 94102
Attn: Rob Waters

Institute of Government Studies
1209 Moses Hall
University of California
Berkeley, CA 94720

● XI. CERTIFICATION MOTION

File No.: 85.244E
Address :St. Francis Medical Building and
Parking Garage Addition
Assessor's Block: 280, Lot 31 and
Assessor's Block: 251, Lot 9

SAN FRANCISCO
CITY PLANNING COMMISSION
MOTION NO. 10954

ADOPTING FINDINGS RELATED TO THE CERTIFICATION OF A FINAL ENVIRONMENTAL IMPACT REPORT FOR A PROPOSED MEDICAL OFFICE BUILDING LOCATED AT THE SOUTHEAST CORNER OF BUSH AND HYDE STREETS (1199 BUSH STREET) AND A PROPOSED PARKING GARAGE ADDITION LOCATED ON THE NORTH SIDE OF PINE STREET BETWEEN LEAVENWORTH AND HYDE STREETS (1234 PINE STREET).

MOVED, That the San Francisco City Planning Commission (hereinafter "Commission") hereby CERTIFIES the Final Environmental Impact Report identified as case file No. 85.244E, St. Francis Medical Building and Parking Garage Addition (hereinafter "Project") based upon the following findings:

1) The City and County of San Francisco, acting through the Department of City Planning (hereinafter "Department") fulfilled all procedural requirements of the California Environmental Quality Act (Cal. Pub. Res. Code Section 21000 et seq., hereinafter "CEQA"), the State CEQA Guidelines (Cal. Admin. Code Title 14, Section 15000 et seq., hereinafter "CEQA Guidelines") and Chapter 31 of the San Francisco Administrative Code (hereinafter "Chapter 31").

a. The Department determined that an EIR was required and provided public notice of that determination by publication in a newspaper of general circulation on November 28, 1985.

b. On November 14, 1986, the Department published the Draft Environmental Impact Report (hereinafter "DEIR") and provided public notice in a newspaper of general circulation of the availability of the DEIR for public review and comment and of the date and time of the City Planning Commission public hearing on the DEIR; this notice was mailed to the Department's list of persons requesting such notice.

c. Notices of availability of the DEIR and of the date and time of the public hearing were posted near the project site by Department staff on November 17, 1986.

d. On November 14, 1986, copies of the DEIR were mailed or otherwise delivered to a list of persons requesting it, to those noted on the distribution list in the DEIR, to adjacent property owners, and to government agencies, the latter both directly and through the State Clearinghouse.

e. Notice of Completion was filed with the State Secretary of Resources via the State Clearinghouse on November 14, 1986.

2) The Commission held a duly advertised public hearing on said Draft Environmental Impact Report on December 18, 1986, at which opportunity for public comment was given, and public comment was received on the DEIR. The period for written comments ended December 18, 1986.

XI. Certification Motion

CITY PLANNING COMMISSION

File No.:85.244E

Address :St. Francis Medical Building and
Parking Garage Addition

Assessor's Block 280, Lot 31
and Assessor's Block 251, Lot 9

Motion No. 10954

Page Two

3) The Department prepared responses to comments on environmental issues received at the public hearing and in writing during the 35-day public review period for the DEIR, prepared revisions to the text of the DEIR in response to comments received or based on additional information that became available during the public review period, and corrected errors in the DEIR. This material was presented in a "Draft Summary of Comments and Responses," published on March 9, 1987, was distributed to the Commission and to all parties who commented on the DEIR, and was available to others upon request at Department offices.

4) A Final Environmental Impact Report has been prepared by the Department, consisting of the Draft Environmental Impact Report, any consultations and comments received during the review process, any additional information that became available, and the Summary of Comments and Responses all as required by law.

5) Project Environmental Impact Report files have been made available for review by the Commission and the public, and these files are part of the record before the Commission.

6) On March 19, 1987, the Commission reviewed and considered the Final Environmental Impact Report of 85.244E: St. Francis Medical Building and Parking Garage Addition and found that the contents of said report and the procedures through which the Final Environmental Impact Report was prepared, publicized and reviewed comply with the provisions of CEQA, the CEQA Guidelines and Chapter 31.

7) The Commission hereby does find that the Final Environmental Impact Report concerning File No. 85.244E: St. Francis Medical Building and Parking Garage Addition is adequate, accurate and objective, and that the Summary of Comments and Responses contains no significant revisions to the Draft Environmental Impact Report, and hereby does CERTIFY THE COMPLETION of said Final Environmental Impact Report in compliance with CEQA and the CEQA Guidelines.

8) The Commission, in certifying the completion of said Final Environmental Impact Report, hereby does find that the project described in the Environmental Impact Report:

a. Will have no project-specific significant effects on the environment;

b. Will have a significant effect on the environment in that it would contribute to cumulative downtown traffic increases and cumulative passenger loadings on Muni, BART, and other transit carriers. Such cumulative transportation impacts could cause violations to total suspended particulate (TSP) standards in San Francisco with concomitant health effects and reduced visibility.

I hereby certify that the foregoing Motion was ADOPTED by the City Planning Commission at its regular meeting of March 19, 1987.

Lori Yamauchi
Secretary

AYES: Commissioners Allen, Bierman, Hemphill, Karasick, Nakashima,
Rosenblatt, Wright

NOES: None

ABSENT: None

ADOPTED: March 19, 1987

CRS:eh:

XII. APPENDICES

TABLE OF CONTENTS

	<u>Page</u>
A. Initial Study	A-2
B. Architectural Resources	A-33
C. Transportation	A-35
D. Air Quality	A-53
E. Noise	A-55

LIST OF TABLES

C-1:	Existing Employee Modal Split and Arrival/Departure Times	A-36
C-2:	Saint Francis Memorial Hospital Personnel By Department and Work Shift	A-37
C-3:	Saint Francis Memorial Hospital and Medical Building Survey Responses	A-38
C-4:	909 Hyde Street Medical Building Characteristics	A-39
C-5:	Existing Patient and Visitor Modal Split	A-41
C-6:	Residential/Origin of Trip Distribution	A-42
C-7:	Existing Medical Building Patient Appointment Distribution	A-43
C-8:	Parking Locations for Saint Francis Memorial Hospital and Medical Office Building	A-43
C-9:	Estimate of Parking Accumulation at Proposed Medical Building	A-44
C-10:	Summary of Parking Usage Survey Data	A-46
C-11:	Description of Parking Facilities Owned or Partially Leased by Saint Francis Memorial Hospital	A-47
C-12:	Modal Splits for Hospital/Medical Building Employees by Residence Areas (Reduced Parking Scenario)	A-48
C-13:	Passenger Levels of Service on Bus Transit	A-49
C-14:	Vehicular Levels of Service at Signalized Intersections	A-50
C-15:	Vehicular Levels of Service for Freeways	A-51
D-1:	San Francisco Air Pollutant Summary, 1981-1983	A-53
E-1:	Typical Noise Levels	A-55



DEPARTMENT OF CITY PLANNING 450 McALLISTER STREET • SAN FRANCISCO CALIFORNIA 94102

NOTICE THAT AN
ENVIRONMENTAL IMPACT REPORT
IS DETERMINED TO BE REQUIRED

Date of this Notice: November 28, 1985

Lead Agency: City and County of San Francisco, Department of City Planning
450 McAllister Street - 5th Floor, San Francisco, CA 94102

Agency Contact Person: David Hood

Telephone: (415) 558-5261

Project Title:

Saint Francis Medical Office Building and
Parking Garage Addition

Project Sponsor:

Saint Francis Memorial Hospital

Project Contact Person: Lynn Adamson

Project Address: 1199 Bush St. and 1234 Pine St.

Assessor's Block(s) and Lot(s): AB 280, Lot 31 and AB 251, Lot 9

City and County: San Francisco

Project Description: The sponsor proposes to construct a six-story medical office building (MOB) at the southeast corner of Bush and Hyde Sts. and a two-level plus rooftop parking garage addition to an existing two-level garage on the north side of Pine St. midblock between Hyde and Leavenworth Sts. The MOB would contain ground-level neighborhood retail space and clinic/lab space. Two levels of underground parking also would be constructed. Doctors' offices would occupy the remaining floor area.

THIS PROJECT MAY HAVE A SIGNIFICANT EFFECT ON THE ENVIRONMENT AND AN ENVIRONMENTAL IMPACT REPORT IS REQUIRED. This determination is based upon the criteria of the Guidelines of the State Secretary for Resources, Sections 15063 (Initial Study), 15064 (Determining Significant Effect), and 15065 (Mandatory Findings of Significance), and the following reasons, as documented in the Environmental Evaluation (Initial Study) for the project, which is attached.

Deadline for Filing of an Appeal of this Determination to the City Planning Commission: December 9, 1985.

An appeal requires: 1) a letter specifying the grounds for the appeal, and;
2) a \$35.00 filing fee.


Barbara W. Salim, Environmental Review Officer

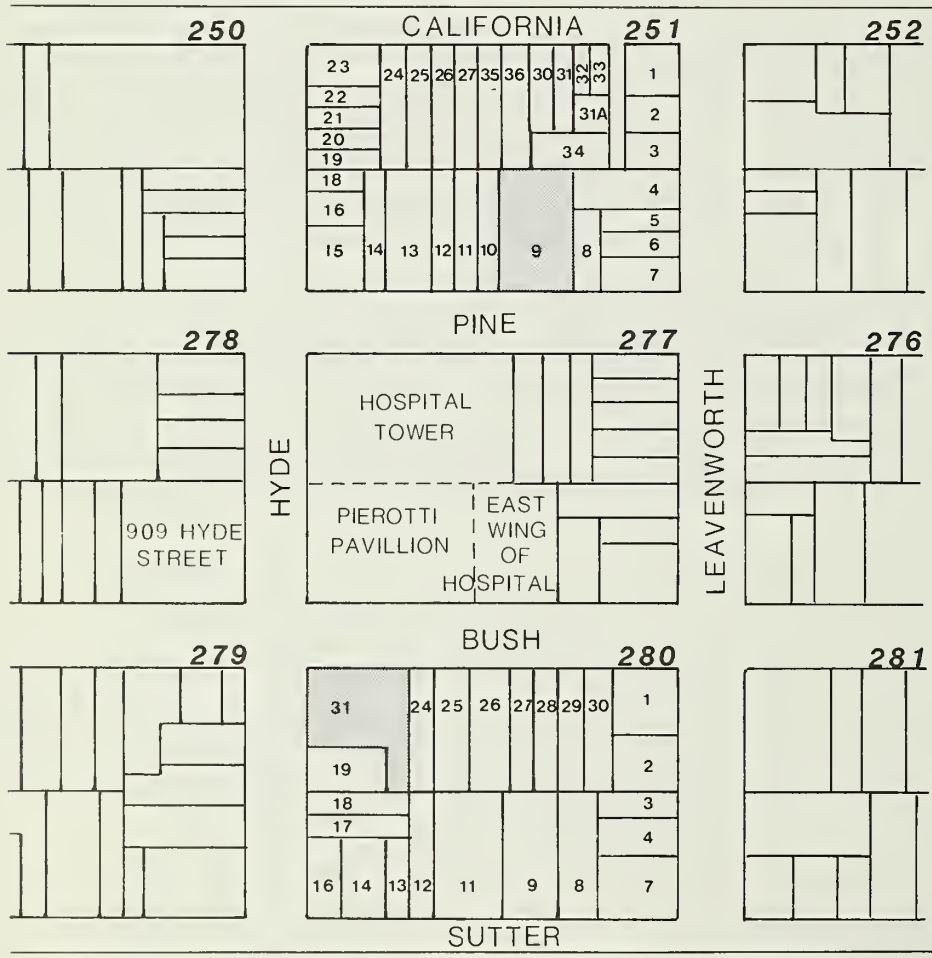
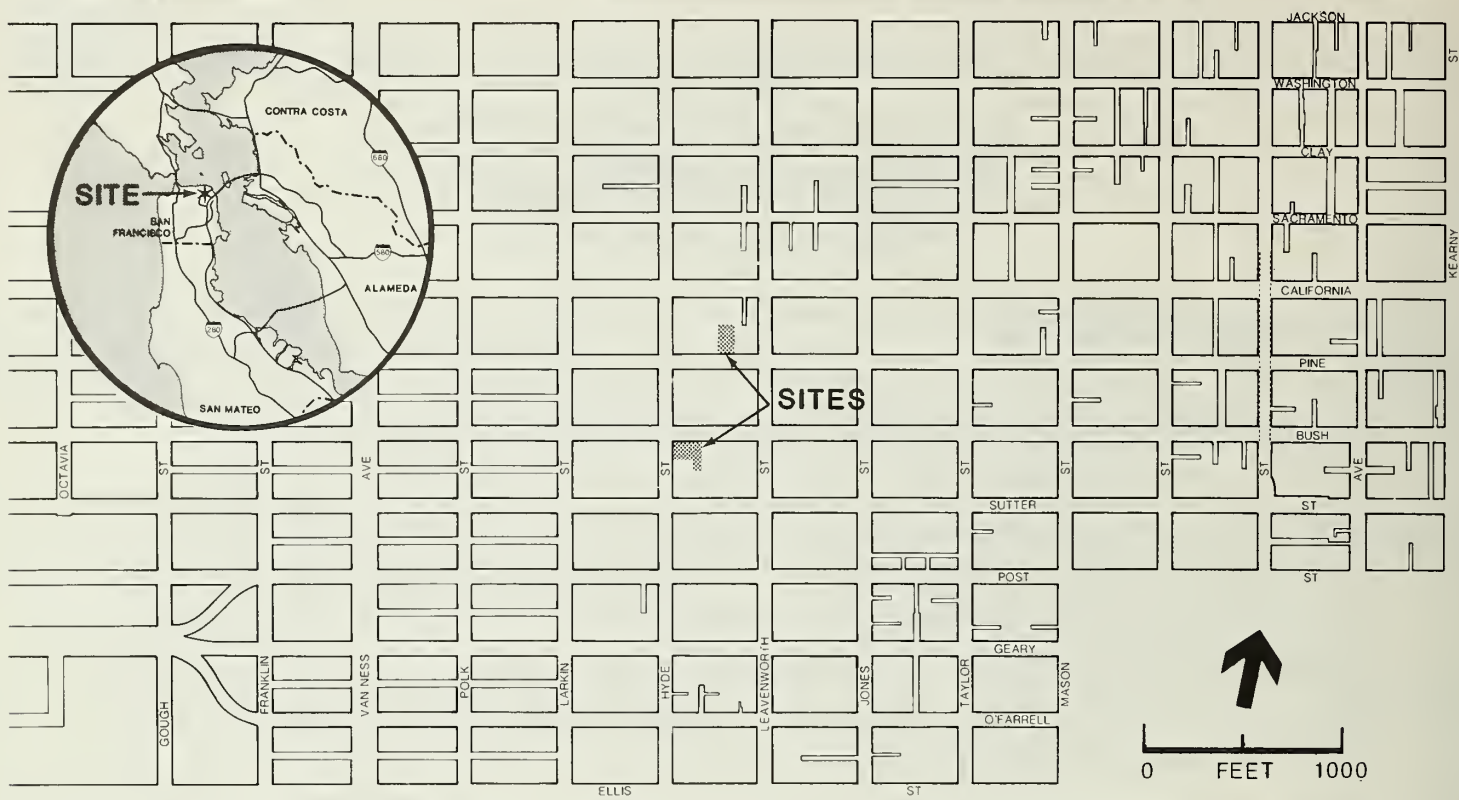
INITIAL STUDY
SAINT FRANCIS MEDICAL OFFICE BUILDING
AND PARKING GARAGE ADDITION (85.244E)

I. PROJECT DESCRIPTION

Saint Francis Memorial Hospital proposes to construct a six-story medical office building (MOB) on Lot 31 of Assessor's Block 280, and a two-level addition to an existing parking structure on Lot 9 of Assessor's Block 251 (see Figure 1, p. 2). The MOB site is located at the southeast corner of the intersection of Bush and Hyde Sts., immediately south of the existing Saint Francis Memorial Hospital. The parking structure addition site is located on the north side of Pine St., between Hyde and Leavenworth Sts., immediately north of the existing hospital.

The 11,094-sq.-ft. MOB site is at 1199 Bush St., and currently contains a 32-space surface parking lot. The proposed 78-ft.-tall MOB (see Figure 2, p. 3) would consist of 46,645 gross sq. ft. of office space (doctors' offices), 14,830 gross sq. ft. of lab and therapy clinic space, 1,900 gross sq. ft. of ground-floor retail area and 19,690 gross sq. ft. of parking in two underground levels (124 spaces). The retail space, fronting on Bush St., would be neighborhood-oriented, serving residents in the project vicinity, and staff and visitors of Saint Francis Memorial Hospital. Access to the parking levels would be from Hyde St. Development of a landscaped garden with a textured paving in the rear yard of the MOB also is under consideration.

The parking structure site is 11,600 gross sq. ft. It is located at 1234 Pine St. and contains an existing 23,200 sq. ft., two-level above-ground garage with 150 parking spaces. The project would add 32,480 gross sq. ft. of floor area (218 parking spaces) to the existing garage by constructing two levels, including parking on the rooftop level (see Figure 2, p. 3). The addition would provide 67 parking spaces on each of the two levels and 84 parking spaces on the roof. The new construction would raise the height of the existing 25-ft.-tall garage by about 18 ft., to a total height of 43 ft. at the midpoint of the Pine St. frontage.




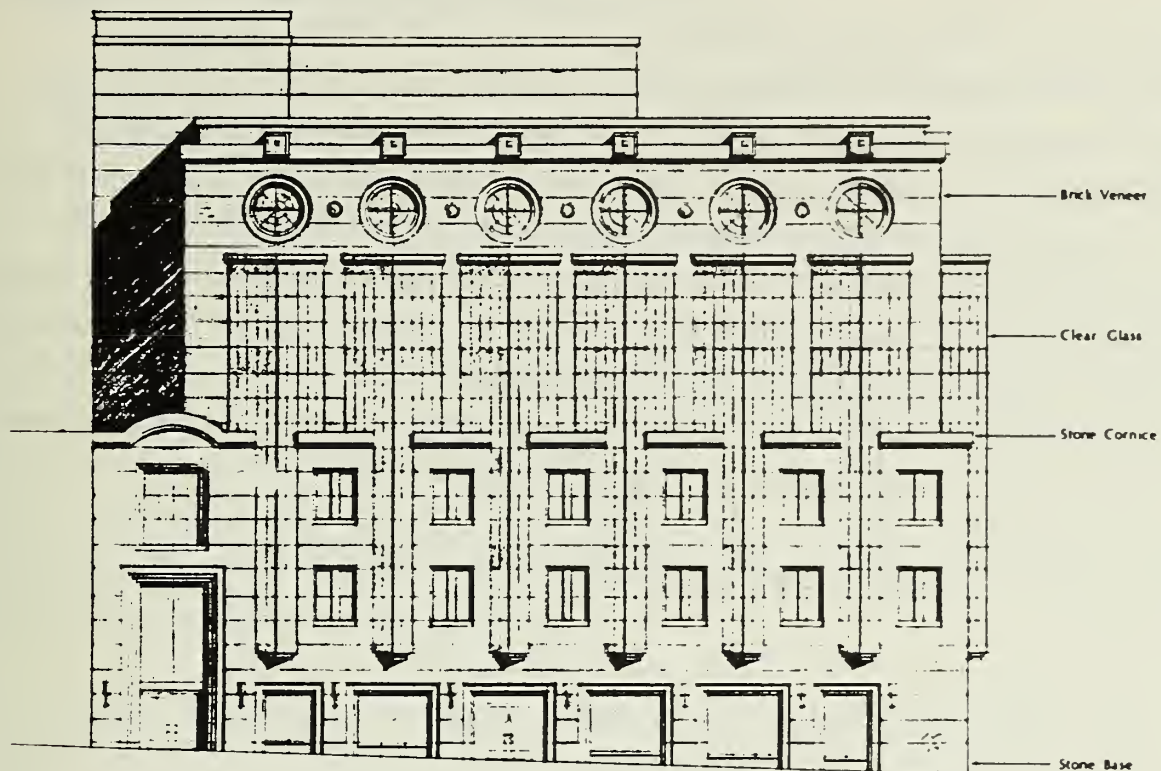
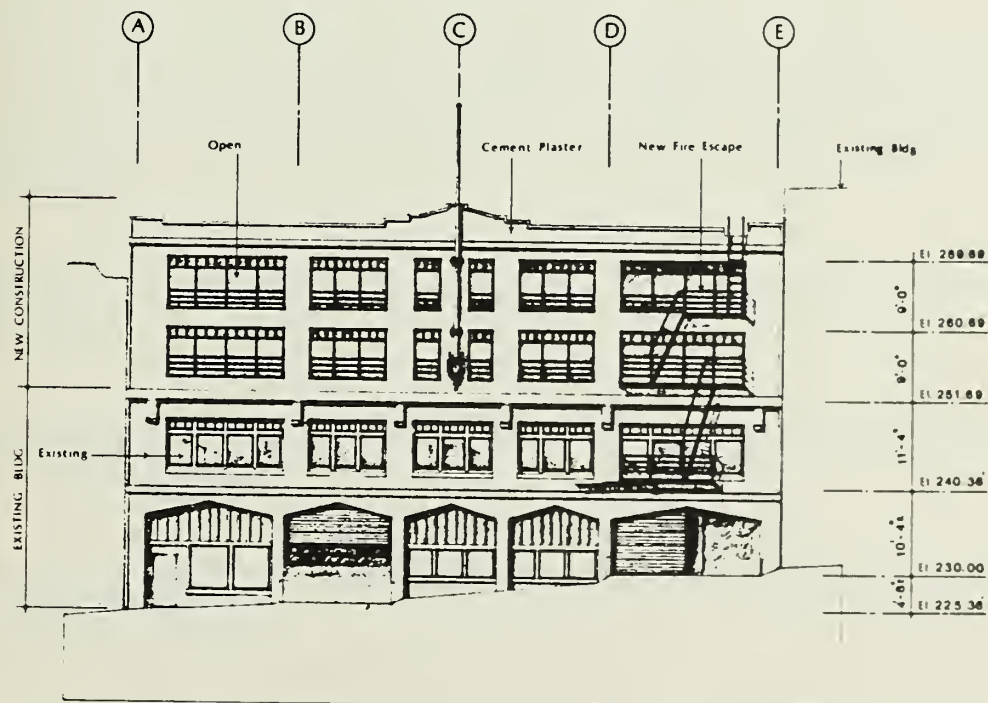
- LEGEND**
-  PROJECT SITES
 - Medical Office Building
AB Block 280, Lot 31
 - Parking Garage
AB Block 251, Lot 9

FIGURE 1
PROJECT LOCATIONS

SOURCE: ESA



MEDICAL OFFICE BUILDING
NORTH ELEVATION



GARAGE ADDITION
SOUTH ELEVATION

0 FEET 50

FIGURE 2
PROJECT ELEVATIONS

The MOB and parking garage addition sites are both within an RC-4 (Residential-Commercial Combined, High Density) Use District, and an 80-A Height and Bulk District. The basic allowable Floor Area Ratio (FAR) for the site is 4.8:1. The 80-A Height and Bulk District allows a maximum height of 96 ft., including an upper tower extension of 16 ft. The "A" bulk zone controls apply to the portion of the building which exceeds 40 ft. in height and are intended to decrease bulk as height increases. In an "A" zone, the maximum length and maximum diagonal dimensions are 110 ft. and 125 ft., respectively for the portion of the building which is above 40 ft. in height. No change in existing zoning is required for the project.

The project architect is Heller & Leake of San Francisco.

II. SUMMARY OF POTENTIAL ENVIRONMENTAL EFFECTS

The proposed project is examined in this Initial Study to identify potential effects on the environment. Some potential effects have been determined to be potentially significant and will be analyzed in an Environmental Impact Report (EIR) to be prepared on the project. They include: relationship of the proposed project to the Master Plan; compatibility of the project with existing zoning and land uses; near views of the project and views affected by the project; relationship of the project to the Urban Design Element of the Master Plan, and to the appearance and scale of surrounding buildings; population growth and housing demand; construction noise; operational air quality; transportation impacts; and urban design. A draft of the EIR will be published and circulated for review, followed by a public hearing on the EIR before the City Planning Commission.

The following potential environmental impacts were determined either to be insignificant or have been mitigated to an insignificant level by measures included in the project. These items require no further environmental analysis and will not be addressed in the EIR:

Light and Glare: No reflective glass would be used. The exterior of the MOB would be brick and other textured materials; the exterior of the parking structure addition would be textured cement plaster. These materials would not cause glare.

Displacement: The project would not displace people, housing or businesses to clear the sites.

Operational Noise: Project operation would not increase existing noise levels in the project vicinity.

Construction Air Quality: Construction air quality impacts would be mitigated to an insignificant level.

Public Services and Utilities: The increased demand for public services and utilities attributable to the project would not require additional personnel or equipment, and could be accommodated by existing services.

Biology: The project would not have a significant effect on plants or animals, displace a rare or endangered species, or result in the removal of any mature and scenic trees.

Geology/Topography: A geotechnical report has been prepared for the project by a California-licensed engineer. The project sponsor and contractor would follow recommendations made in that report regarding building construction.

Water: The proposed project would use about 8,300 gallons of water per day. The project would not degrade or deplete ground water resources, or cause flooding, erosion or siltation. Drainage patterns would not be altered. Measures to mitigate potential impacts associated with excavation and dewatering would be included in the project (see pp. 25-26).

Energy/Natural Resources: The project would be designed and constructed to conform with the energy requirements of Title 24 of the California Administrative Code, and therefore, would not result in a wasteful or excessive use of energy resources.

Cultural: A cultural resources evaluation report for the project sites indicates that there is a possibility of encountering subsurface artifacts from the Gold Rush and City Building Eras at the MOB site. Mitigation measures to protect any archaeological resources discovered on the site are included in the project (see pp. 26-27). The project would not demolish any buildings of City landmark quality.

Hazards: The project would not pose a hazard to people, animals or plant life. An evacuation and emergency response plan have been agreed to by the project sponsor, which would expedite evacuation of the site in case of emergency, and reduce any possible conflicts with the City's Emergency Response Plan.

A. COMPATIBILITY WITH EXISTING ZONING AND PLANS. Could the project:	<u>N/A</u>	<u>Discussed</u>
1. Discuss any variances, special authorization, or changes proposed to the City Planning Code or Zoning Map, if applicable.	<u> </u>	<u> X </u>
*2. Discuss any conflicts with the Comprehensive Plan of the City and County of San Francisco, if applicable.	<u> </u>	<u> X </u>
*3. Discuss any conflicts with any other adopted environmental plans and goals of the City or Region, if applicable.	<u> </u>	<u> X </u>

The following project actions, to be discussed in the EIR, would be required by the Planning Commission: Conditional Use authorization for 1) the height of the garage addition and of the MOB, which are both above 40 ft. in an RC-4 district (the maximum height limit is 80 ft.); 2) an office use in an RC-4 district; 3) parking in an RC-4 district; and 4) the use of combined parking at the MOB and garage site to meet the overall parking requirements of the project. Currently, Saint Francis Memorial Hospital is revising Institutional Master Plan as required by the San Francisco Planning Code, Section 304.5. The MOB and parking garage addition are part of the revised Plan. The relationship of the project to policies of the City's Master Plan, and provisions of the City Planning Code (including the Institutional Master Plan revision), will be discussed in the EIR. The project would not conflict with other adopted plans and goals; however, issues related to compatibility with zoning and plans will be discussed in the EIR.

B. ENVIRONMENTAL EFFECTS. Could the project:	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>
1. <u>Land Use</u>			
*a. Disrupt or divide the physical arrangement of an established community?	<u> </u>	<u> X </u>	<u> X </u>
b. Have any substantial impact upon the existing character of the vicinity?	<u> </u>	<u> X </u>	<u> X </u>

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

Surrounding land uses are a mixture of medical, residential and office uses. The relationship of the proposed project to surrounding land uses will be discussed in the EIR.

2. <u>Visual Quality</u>	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>
*a. Have a substantial, demonstrable negative aesthetic effect?	___	<u>X</u>	<u>X</u>
b. Substantially degrade or obstruct any scenic view or vista now observed from public areas?	___	<u>X</u>	<u>X</u>
c. Generate obtrusive light or glare substantially impacting other properties?	___	<u>X</u>	<u>X</u>

The surrounding buildings in the project vicinity range from approximately three to seven stories tall. Although no major views would be blocked, views from the lower floors of Saint Francis Memorial Hospital and adjacent apartment buildings would be altered. The EIR will discuss aesthetic effects and view blockage of the project.

No obtrusive light or glare from the project would impact surrounding properties. The project would conform to the City Planning Commission Resolution No. 9212 which restricts the use of mirrored, reflective or densely tinted glass. No mirrored glass would be used in the MOB. The MOB would probably be closed by 6:00 p.m., and custodial work would be conducted floor-by-floor in the evenings, thereby minimizing impacts of night lighting on nearby residences. The parking garage would be mostly for daytime use; no cars in the evening would be parked on the rooftop where vehicle headlights could have glare effects after 8:00 p.m. (see mitigation measures, p. 24). Obtrusive light and glare will not be discussed further in the EIR.

3. <u>Population</u>	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>
*a. Induce substantial growth or concentration of population?	___	<u>X</u>	<u>X</u>
*b. Displace a large number of people (involving either housing or employment)?	___	<u>X</u>	___

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>
c. Create a substantial demand for additional housing in San Francisco, or substantially reduce the housing supply?	_____	<u>X</u>	<u>X</u>

The MOB would increase the daytime population of the site with the addition of doctors, staff, and visiting patients. The MOB would be an outpatient medical use, and would not provide overnight beds. The project sponsor would not be required to respond to Office Affordable Housing Production Program (OAHPP) (Ordinance 358-85) guidelines, because gross new office space would be less than 50,000 sq. ft. Population growth and housing demand will be analyzed in the EIR.

The project would not displace any housing or employment, and therefore, displacement will not be discussed in the EIR.

<u>4. Transportation / Circulation</u>	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>
*a. Cause an increase in traffic which is substantial in relation to the existing traffic load and capacity of the street system?	_____	<u>X</u>	<u>X</u>
b. Interfere with existing transportation systems, causing substantial alterations to circulation patterns or major traffic hazards?	_____	<u>X</u>	<u>X</u>
c. Cause a substantial increase in transit demand which cannot be accommodated by existing or proposed transit capacity?	_____	<u>X</u>	<u>X</u>
d. Cause a substantial increase in parking demand which cannot be accommodated by existing parking facilities?	_____	<u>X</u>	<u>X</u>

There would be a temporary increase in truck traffic in the project vicinity during construction. The additional site population would increase traffic in the vicinity, causing changes in the circulation pattern and increases in transit and parking demand. These topics will be addressed in the EIR. Relevant policies of the Transportation Element of the Master Plan also will be discussed.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

5. Noise

	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>
*a. Increase substantially the ambient noise levels for adjoining areas?	___	<u>X</u>	<u>X</u>
b. Violate Title 25 Noise Insulation Standards, if applicable?	___	<u>X</u>	___
c. Be substantially impacted by existing noise levels?	___	<u>X</u>	___

Demolition, excavation, and building construction would temporarily increase noise levels in the site vicinity. Project construction noise and its possible effects on sensitive receptors will be addressed in the EIR.

Project Operation

The noise environment of the site is dominated by vehicular traffic noise. The Environmental Protection Element of the San Francisco Master Plan indicates a day-night average noise level (Ldn) of 65 dBA on Hyde St. and 75 dBA on Bush and Pine Sts. adjacent to the site in 1974./1,2/ The Environmental Protection Element of the Master Plan contains guidelines for determining the compatibility of various land uses with different noise environments. For office uses such as the proposed MOB, the guidelines recommend no special noise control measures in an exterior noise environment of up to an Ldn of 70 dBA. For noise levels of 75 dBA and above, the guidelines recommend an analysis of noise reduction requirements and inclusion of noise insulation features in the building design; recommended noise insulation features for the MOB include fixed windows and climate control for office space. The project sponsor has indicated that noise insulation measures would be included as part of the design (see p. 24). The proposed structures would not include housing, so Title 25 Noise Standards would not be applicable.

Project operation would not result in perceptibly greater noise levels than those existing in the area. The amount of traffic generated by the project during any hour of the day, and cumulative traffic increases at the time of

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

project completion, would cause traffic noise levels to increase by one dBA or less. To produce a noticeable increase in environmental noise, almost a doubling of existing traffic volume would be required; traffic increases of this magnitude would not occur with anticipated cumulative development including the project./3/

The project would be required to comply with the San Francisco Noise Ordinance, San Francisco Police Code Section 2909, "Fixed Source Noise Levels," which regulates mechanical equipment noise. The project site and surrounding area are within an RC-4 district. In this district, the ordinance limits equipment noise levels at the property line to 60 dBA between 7 a.m. and 10 p.m. and 55 dBA between the hours of 10 p.m. and 7 a.m. During lulls in traffic, mechanical equipment generating 70 dBA could dominate the noise environment at the site. The project engineer and architect would include design features in the building to limit mechanical equipment noise levels to 55 dBA. As equipment noise would be limited to 55 dBA to meet the nighttime limit, it would not be perceptible above the ambient noise levels in the project area. Discussion of operational noise will not be included in the EIR.

NOTES - Noise

/1/ San Francisco Department of City Planning, Environmental Protection Element of the Master Plan, Transportation Noise Control, Resolution 7244 of the City Planning Commission, adopted September 19, 1974, p. 17.

/2/ dBA is a measure of sound in units of decibels (dB). The "A" denotes the A-weighted scale, which simulates the response of the human ear to various frequencies of sound.

Ldn the day-night average noise level is a noise measurement based on human reaction to cumulative noise exposure over a 24-hour period, taking into account the greater annoyance of nighttime noises; noise between 10:00 p.m. and 7:00 a.m. is weighted ten dBA, higher than daytime noise.

/3/ San Francisco Department of City Planning, Downtown Plan Environmental Impact Report (EIR), EE81.3, certified October 18, 1984, Vol. 1, continuous Section IV.E. generally and Section IV.J., pp. IV.J.8-18. Increases of 1 dBA or less in environmental noise are not noticeable by most people outside a laboratory situation (National Academy of Sciences, Highway Research Board, Research Report No. 117 (1971)). (See also FHWA Highway Traffic Noise Prediction Model, Report #FHWA-RD-77-108, December 1978, p. 8, regarding doubling of traffic volumes producing increases of 3 dBA or more, which are noticed by most people.)

6. Air Quality / Climate

	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>
*a. Violate any ambient air quality standard or contribute substantially to an existing or projected air quality violation?	<u> </u>	<u> X </u>	<u> X </u>
*b. Expose sensitive receptors to substantial pollutant concentrations?	<u> X </u>	<u> </u>	<u> X </u>
c. Permeate its vicinity with objectionable odors?	<u> </u>	<u> X </u>	<u> X </u>
d. Alter wind, moisture or temperature (including sun shading effects), so as to substantially affect public areas, or change the climate either in the community or the region?	<u> </u>	<u> X </u>	<u> X </u>

Two types of air quality impacts could be expected from the proposed project: long-term impacts related to use and operation of the project, and short-term impacts from construction activity.

Demolition, earthmoving, and construction activities would temporarily affect local air quality, especially total suspended particulates (TSP), for about the first four to six months of construction. Dust fall could be expected at times on surfaces within 200 ft. of the site under low winds. Sensitive receptors would be affected by construction air quality effects, as there are hospital/medical and residential uses in the project vicinity.

The project sponsor has agreed to mitigation measures to reduce particulate emissions generated during construction activities (see p. 24). Construction air quality effects will not be discussed in the EIR.

The major air pollution impact resulting from operation of the project would be exhaust emissions from project-generated auto trips. The Bay Area Air Quality Management District has conducted a pollutant monitoring program within the Bay Area, including San Francisco. Data from this air quality monitoring has shown that San Francisco infrequently experiences concentrations of ozone, carbon monoxide (CO) and total suspended particulates (TSP) which violate federal and/or state ambient air quality standards for these pollutants.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

The shadow and wind effects and the operational air quality of the project will be analyzed in the EIR.

<u>7. Utilities / Public Services</u>	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>
*a. Breach published national, state or local standards relating to solid waste or litter control?	___	<u>X</u>	___
*b. Extend a sewer trunk line with capacity to serve new development?	___	<u>X</u>	___
c. Substantially increase demand for schools, recreation or other public facilities?	___	<u>X</u>	<u>X</u>
d. Require major expansion of power, water, or communications facilities?	___	<u>X</u>	<u>X</u>

Providers of water, telephone, gas and electric service have been contacted and indicated that existing capacities are adequate to serve the site. Letters from these service providers are available for public review at the Office of Environmental Review, 450 McAllister St. The project would not substantially increase demand for schools, recreation or other public facilities. Discussion of utilities and public services will not be included in the EIR.

<u>8. Biology</u>	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>
*a. Substantially affect a rare or endangered species of animal or plant or the habitat of the species?	___	<u>X</u>	___
*b. Substantially diminish habitat for fish, wildlife or plants, or interfere substantially with the movement of any resident or migratory fish or wildlife species?	___	<u>X</u>	___
c. Require removal of substantial numbers of mature, scenic trees?	___	<u>X</u>	___

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

The project sites are completely covered by buildings or impermeable surfaces and contain no significant vegetation or animal life. Biological issues will not be discussed in the EIR.

9. Geology / Topography

- *a. Expose people or structures to major geologic hazards (slides, subsidence, erosion and liquefaction)?
- b. Change substantially the topography or any unique geologic or physical features of the site?

_____	<u> X </u>	<u> X </u>
_____	<u> X </u>	<u> X </u>

The MOB site is between 184 to 200 ft. and the garage site is between 223 to 244 ft., San Francisco City Datum (SFD)./1/ Soils at the MOB site are composed of two to eight ft. of fill underlain by about two ft. of weathered soil from native rock. Rock consisting of shale interbedded with sandstone underlies the soil. The garage site is underlain by medium dense sands./2/ Groundwater levels were encountered at about 10 ft. below the ground surface of the MOB site at one of the four test boring locations./2/

Excavation for the MOB foundation and basement would be conducted to a depth of about 166 feet SFD, which would be about 37 ft. below the existing surface parking lot on the MOB site. The parking garage addition would require strengthening of the foundation of the existing garage; no foundation excavation would be conducted. A reinforced concrete mat foundation is proposed for the MOB. During excavation, a soldier-pile-and-lagging shoring system would be used. The undisturbed rock which underlies the sands and clayey materials would support the proposed mat foundation for the MOB, based on the conclusion of the soils engineer.

If it should be required, dewatering would be performed. Dewatering could cause some settlement of nearby buildings. After construction, groundwater would exert hydrostatic pressure on walls and floors of the basement levels of the MOB. The project includes measures to mitigate these potential impacts (see pp. 25 and 26).

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

Pit walls would be shored up to prevent lateral movement during excavation. Adjacent structures might need to be underpinned, should excavation go below the base of their foundations, to avoid such damage as cracking of walls or foundations or sagging of floors. The building contractor would be required to comply with the San Francisco Building Code and the Excavation Standards of the California Occupational Safety and Health Agency.

The closest active faults to San Francisco are the San Andreas Fault, about 9 miles southwest of Downtown, and the Hayward and Calaveras Faults, about 15 and 30 miles east of Downtown, respectively. The project area would experience strong (Intensity Level D, general but not universal fall of brick chimneys, cracks in masonry and brick work) groundshaking during a major earthquake./3/ The building would be required to meet current seismic engineering standards of the San Francisco Building Code. (See Mitigation Measure on p. 26 for the project's emergency response plan.)

NOTES - Geology/Topography

/1/ San Francisco City Datum establishes the City's "0" point for surveying purposes at approximately 8.6 feet above mean sea level.

/2/ Paul Guerin, Engineer, Harding-Lawson Associates, Soil Investigation, St. Francis Medical Office Building, San Francisco, California, October 14, 1985.

/3/ URS/John Blume and Associates, San Francisco Seismic Safety Investigation, 1974. Groundshaking intensities that would result from a major earthquake were projected and classified on a five-point scale ranging from E (Weak) through A (Very Violent).

10. <u>Water</u>	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>
*a. Substantially degrade water quality, or contaminate a public water supply?	_____	<u>X</u>	_____
*b. Substantially degrade or deplete ground water resources, or interfere substantially with ground water recharge?	_____	<u>X</u>	<u>X</u>
*c. Cause substantial flooding, erosion or siltation?	_____	<u>X</u>	_____

The project would not affect drainage patterns or water quality because the sites are now entirely covered with impermeable surfaces. Some dewatering of the MOB site might be required but, if so, the amount would not be excessive. The building would require waterproofing on all dikes and the bottom to prevent leakage and/or damage in the future./1/

NOTE - Water

/1/ Paul Guerin, Engineer, Harding-Lawson Associates, telephone conversation, July 3, 1985.

<u>11. Energy / Natural Resources</u>	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>
*a. Encourage activities which result in the use of large amounts of fuel, water, or energy, or use these in a wasteful manner?	_____	<u> X </u>	<u> X </u>
b. Have a substantial effect on the potential use, extraction, or depletion of a natural resource?	_____	<u> X </u>	_____

Annual energy consumption by existing use on the parking garage addition site is 0.02 million kWh of electricity, equal to about 200 million Btu at the source./1,2/ There is no energy consumption occurring on the existing MOB site.

Removal of existing structures would require an unknown amount of energy. Fabrication and transportation of building materials, worker transportation, site development, and building construction would require about 145 billion Btu of gasoline, diesel fuel, natural gas, and electricity./3/ Distributed over the estimated 50-year life of the project, this would be about 2.8 billion Btu per year, or about 28% of annual building energy requirements.

New buildings in San Francisco are required to conform to energy conservation standards specified by Title 24 of the California Administrative Code. Documentation showing compliance with these standards is submitted with the application for the building permit and is enforced by the Bureau of Building Inspection.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

Table 1, p. 18, shows the estimated operational energy which would be used by the project. Project electricity demand during PG&E's peak electrical load periods, July and August afternoons, would be about 490 kW, a estimated 0.003% of the peak load in PG&E's service area of 16,000 MW./4/ Project demand for natural gas during PG&E's peak natural gas load periods, January mornings, would be 4.6 million Btu per day, or about 0.01% of the peak load in PG&E's service area of about 3.7 billion Btu per day./4/ Annual and peak daily electricity and natural gas consumption are shown in Figures 3 and 4, pp. 19 and 20.

Project generated transportation would annually consume approximately 59,700 gallons of diesel fuel and gasoline, and 487,000 kWh of electricity, equal to about 13.5 billion Btu at-source./2/

Increased San Francisco energy demand to the year 2000 would be met by PG&E from nuclear sources, oil and gas facilities, hydroelectric and geothermal facilities, and other sources such as cogeneration, wind and imports. PG&E plans to continue receiving most of its natural gas from Canada and Texas under long-term contracts.

NOTES - Energy

/1/ Existing energy use is based on PG&E customer billings for 1983; at-source thermal energy, given in British thermal units (Btu), is based on information received from PG&E, Technical Service Department, May 10, 1984.

/2/ The British thermal unit (Btu) is the quantity of heat required to raise the temperature of one pound of water one degree Fahrenheit at sea level. The term "at-source" means that adjustments have been made in the calculation of the thermal energy equivalent (Btu) for losses in energy that occur during generation, transmission, and distribution of the various energy forms as specified in: ERCDC, 1977, Energy Conservation Design Manual for New Non-Residential Buildings, Energy Conservation and Development Commission, Sacramento, California, and Apostolos, J.A., W.R. Shoemaker, and E.C. Shirley, 1978 Energy and Transportation Systems, California Department of Transportation, Sacramento, California, Project #20-7, Task 8.

/3/ Hannon B., et al., 1978, "Energy and Labor in the Construction Sector", Science 202:837-847.

/4/ San Francisco Department of City Planning, Downtown Plan Environmental Impact Report (EIR), EE81.3, certified October 18, 1984, Vol. 1, pp. IV.G.3-4.

TABLE 1: ESTIMATED PROJECT ENERGY USE /a/

Daily Natural Gas Consumption/b/

Estimated natural gas consumption per sq. ft.	Office: 24.8 Btu /c/ Garage: 0 Btu
Estimated peak daily natural gas consumption	45 Therms

Monthly Electric Consumption/b/

Office

Estimated electrical consumption per sq. ft.	1.2 kWh (12,290 Btu)/d/
Estimated total electrical consumption	76,050 kWh (0.78 billion Btu)

Garage

Estimated electrical consumption per sq. ft.	0.07 kWh (750 Btu)/d/
Estimated total electrical consumption	5,280 kWh (54 million Btu)

Annual Consumption

Estimated total annual natural gas consumption	4,100 Therms
Estimated total annual electrical consumption	975,900 kWh (10 billion Btu)
Connected kilowatt load	500 Kilowatts
Estimated total annual energy consumption	10.4 billion Btu (1,857 barrels of oil)

/a/ Energy use includes space conditioning, service water heating and lighting in accordance with allowable limits under Title 24. Estimated electricity includes an additional 1 kWh/sq.ft./yr., consumed by appliances such as typewriters, computers, coffeemakers, etc. Than assumed by Title 24 estimates.

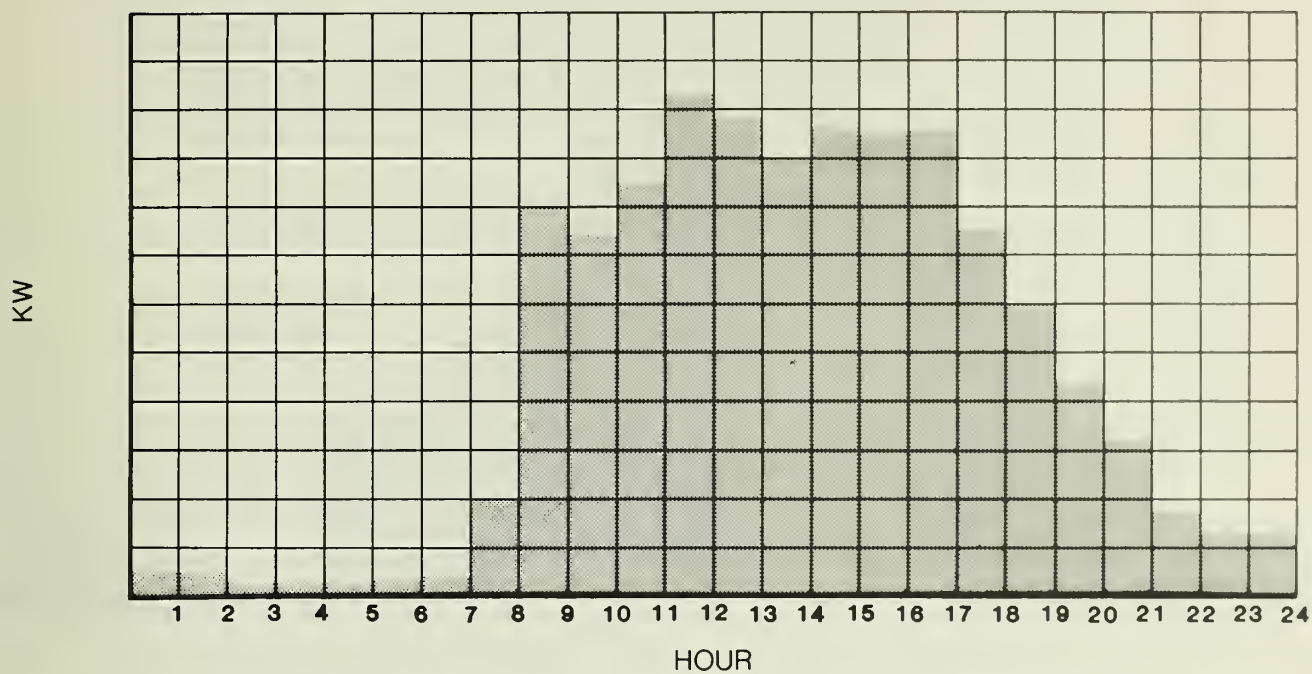
/b/ Energy calculations were based on calculations for a proposed office project of comparable size.

/c/ Btu (British thermal unit): A standard unit for measuring heat. Technically, it is the quantity of heat required to raise the temperature of one pound of water 1 degree Fahrenheit (251.97) at sea level.

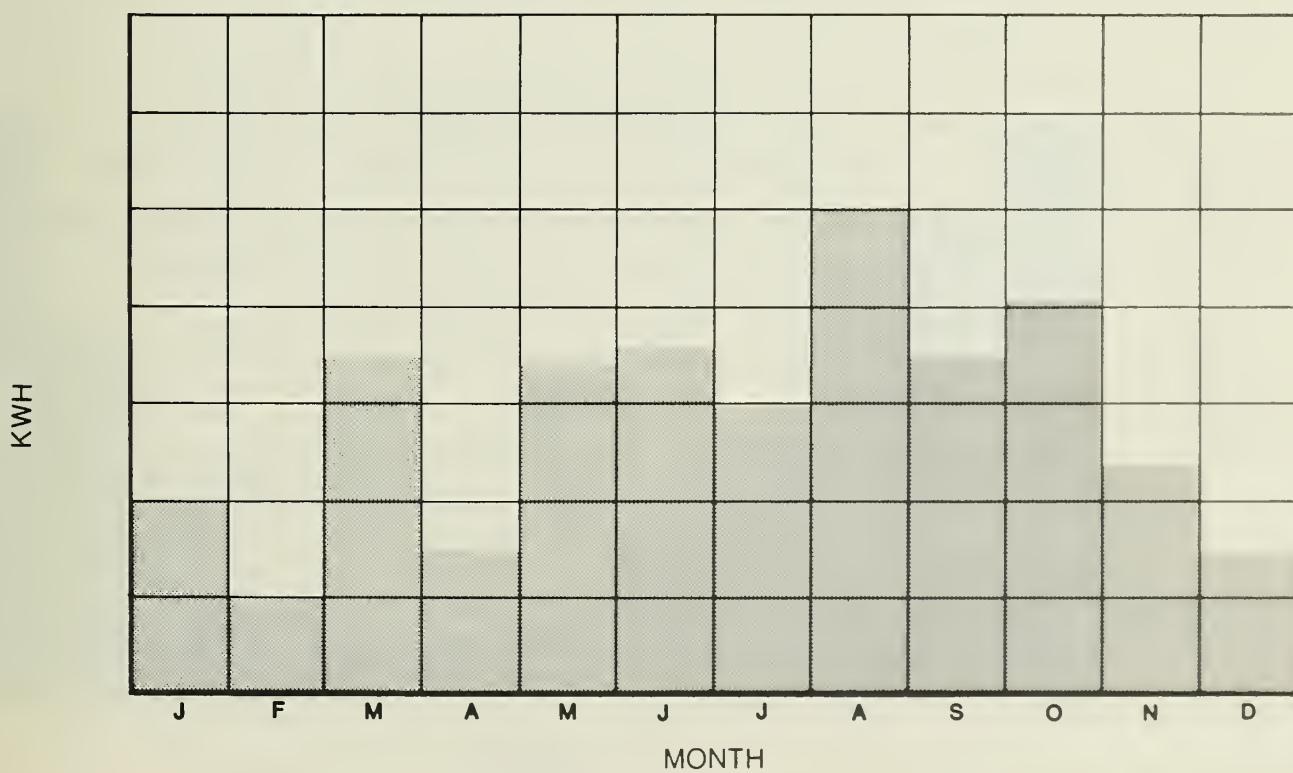
/d/ Energy Conversion Factors:

one gallon gasoline	=	125,000 BTU
one kilowatt (kw)	=	10,239 BTU
one therm	=	100,000 BTU
one barrel oil	=	5,600,000 BTU

SOURCE: Environmental Science Associates, Inc.



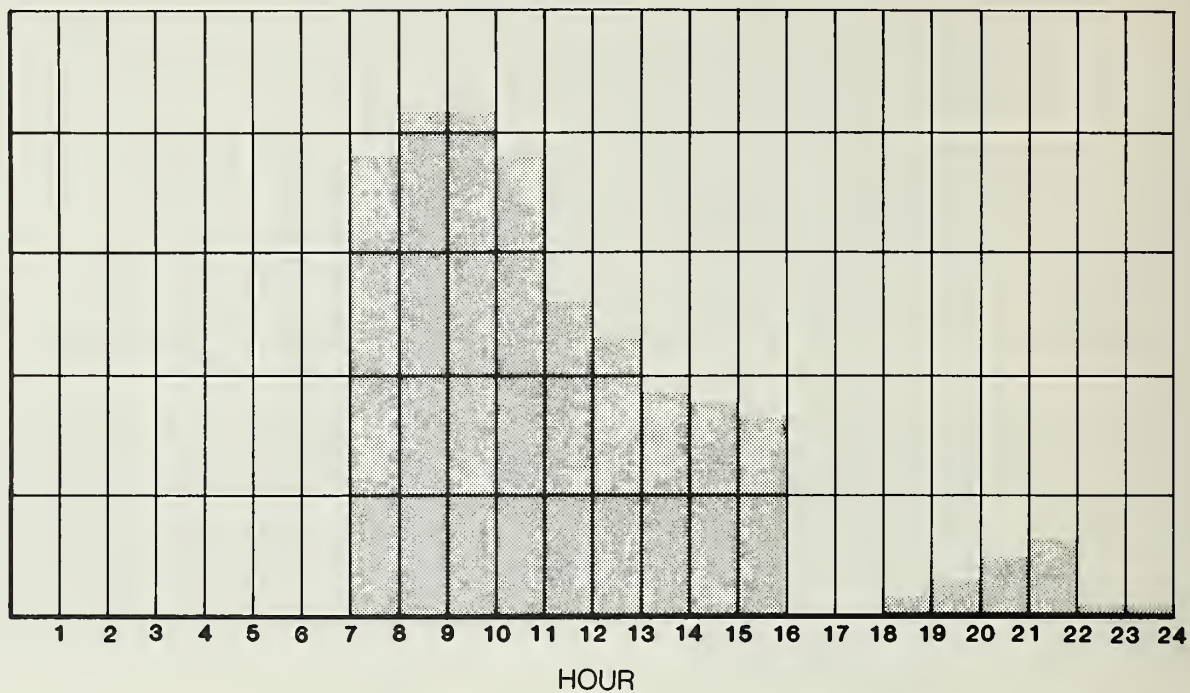
PEAK DAY ELECTRICAL DEMAND BY HOUR (SUMMER)



ANNUAL CONSUMPTION OF ELECTRICITY BY MONTH

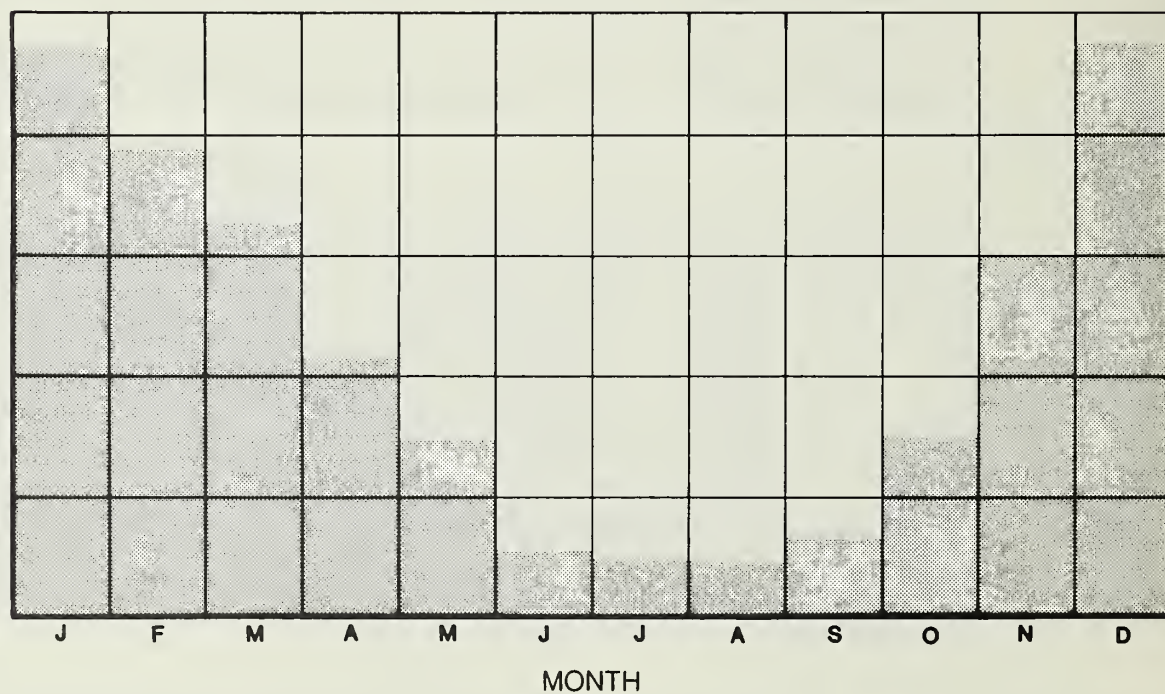
FIGURE 3

THERMS



PEAK DAY NATURAL GAS DEMAND BY HOUR (WINTER)

THERMS



ANNUAL CONSUMPTION OF NATURAL GAS BY MONTH

FIGURE 4

12. Hazards

	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>
*a. Create a potential public health hazard or involve the use, production or disposal of materials which pose a hazard to people or animal or plant populations in the area affected?	<u> </u>	<u> X </u>	<u> X </u>
*b. Interfere with emergency response plans or emergency evacuation plans?	<u> </u>	<u> X </u>	<u> X </u>
c. Create a potentially substantial fire hazard?	<u> </u>	<u> X </u>	<u> X </u>

The medical offices in the MOB would produce infectious material from patient care. This waste would be transported across the street to Saint Francis Memorial Hospital where it would be incinerated in a waste-heat recovery boiler, which is planned for the hospital./1/ Currently, the hospital has procedures for the proper handling, disposal, and storage of syringes and potentially hazardous materials (e.g., ether, acetone, anhydrous isopropanol). The hospital is currently reexamining and revising these procedures. The revised procedures would be followed in the proposed in the proposed MOB. Hazardous wastes will not be discussed in the EIR.

The proposed project would result in a greater number of people on the site, which would increase the difficulty of evacuating people from the site if an emergency evacuation were required. An evacuation and emergency response plan has been committed to by the project sponsor to mitigate this impact (see p. 26). This issue will not be discussed in the EIR.

NOTE - Hazards

/1/ Dennis Layden, Director of Plant Services, Saint Francis Memorial Hospital, telephone conversation, June 18, 1985.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

13. Cultural

	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>
*a. Disrupt or adversely affect a prehistoric or historic archaeological site or a property of historic or cultural significance to a community or ethnic or social group; or a paleontological site except as a part of a scientific study?	_____	<u>X</u>	<u>X</u>
*b. Conflict with established recreational, educational, religious or scientific uses of the area?	_____	<u>X</u>	_____
c. Conflict with preservation of any buildings subject to the provisions of Article 10 or (proposed Article 11) of the City Planning Code?	_____	<u>X</u>	<u>X</u>

An investigation of the potential for cultural resources at the project site indicates that there is a possibility of the presence and discovery of typical household artifacts from the Gold Rush, City Building and City Rebuilding eras./1/

Prior to settlement, the project sites were steeply sloping hillsides. The first stage of building on the sites occurred in 1854 on the MOB site, and in the late 1860s on the Parking Garage Addition site. After the 1906 earthquake and fire, the MOB site was occupied by the Central Medical Building; the existing parking garage was constructed in 1920 as the Highway Garage building. The medical building at the MOB site was demolished as part of the 1964 Saint Francis Hospital Master Plan. Construction of the existing parking garage on Pine St. and the excavation for the basement of the Central Medical Building would probably have resulted in the removal of any cultural resources, if they existed on the sites.

The proposed MOB would include excavation to a depth of 37 ft. below the existing surface of the site; the project sponsor has agreed to the mitigation measures on pp. 26-27 in the event that this excavation reveals evidence of cultural remains. This topic will not be discussed in the EIR.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

Architectural resources in the project vicinity will be discussed in the EIR, based on the Department of City Planning's City-wide 1976 survey of architecturally rated buildings and on the 1983 preliminary surveys conducted by the Foundation for San Francisco's Architectural Heritage.

NOTE - Cultural

/1/ Allen G. Pastron, Ph.D., Archeo-Tec, November 15, 1985, Cultural Resources Evaluation of the Saint Francis Medical Office Building and Parking Garage Addition, San Francisco; this report is available for public review at the Office of Environmental Review, 450 McAllister Street.

C.	<u>OTHER</u>	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>	
	Require approval of permits from City Departments other than Department of City Planning or Bureau of Building Inspection, or from Regional, State or Federal Agencies?	_____	<u>X</u>	_____	
D.	MITIGATION MEASURES	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>DISCUSSED</u>
	1. If any significant effects have been identified, are there ways to mitigate them?	<u>X</u>	_____	_____	<u>X</u>
	2. Are all mitigation measures identified above included in the project?	X			X

The following mitigation measures related to topics determined to require no further analysis in the EIR. The EIR will contain a mitigation chapter describing these measures and other measures which would be, or could be, adopted to reduce potential adverse effects of the project as identified in the EIR.

Visual Quality

- In order to reduce obtrusive glare, the rooftop level of the parking garage would be closed after 8:00 p.m., to reduce the effects of glare from vehicle headlights on residences in the vicinity of the parking garage.

Noise

Operation

- As recommended by the Environmental Protection Element of the San Francisco Master Plan, an analysis of noise reduction measurements would be prepared by an acoustical engineer for the project sponsor and presented to the Department of Public Works and City Planning before issuance of permits for new building construction by the Central Permit Bureau. Recommended noise insulation features, including inoperable windows and climate control for office space would, be part of the proposed project as necessary to reduce noise levels to those required by State law or recommended in the Master Plan.

Air Quality

Construction

- During excavation, unpaved demolition and construction areas would be wetted down with water to reduce dust emissions; two wettings per day with complete coverage would reduce particulate emissions (dust) by about 50%.
- The sponsor would require the general contractor to maintain and operate construction equipment in such a way as to minimize exhaust emissions. During construction, trucks in loading and unloading queues would turn off their engines to reduce vehicular emissions.

Geology/Topography

- A detailed foundation and structural design study would be conducted for the building by a California-licensed structural engineer and a geotechnical consultant. The project sponsor would follow the recommendations of these studies during the final design and construction of the project.
- During construction, the contractor would sweep streets adjacent to the construction site mechanically or by hand to prevent siltation of storm drains and generation of dust. The contractor also would confine construction equipment, maintenance, and refueling activities to locations where potential petroleum spillage could be contained.
- If dewatering were necessary, groundwater pumped from the site would be retained in a holding tank to allow suspended particles to settle, if this is found necessary by the Industrial Waste Divisions of the Department of Public Works. This would reduce the amount of sediment entering the storm drain/sewer lines.
- Should dewatering be necessary, a lateral and settlement survey would be done to monitor any movement or settlement of surrounding buildings and adjacent streets. As part of the survey, the Department of Public Works would require that a Special Inspector (as defined in Article 3 of the Building Code) be retained by the project sponsor to perform this monitoring. Groundwater observation wells would be installed to monitor the level of the water table and other instruments would be used to monitor potential settlement and subsidence. If, in the judgement of the Special Inspector, unacceptable subsidence were to occur during construction, groundwater recharge would be used to halt this settlement. The project sponsor would delay construction if necessary. Costs for the survey and any necessary repairs to service under the street would be borne by the project sponsor.
- Construction design of the walls and floors of the subsurface parking levels of the MOB would include installation of a backdrain to reduce hydrostatic pressure from groundwater on these structural elements. This

drain would connect to a pipe, which would slope downward toward the southwest corner of the site, and would connect with the Hyde Street sewer. A drainage system would also be incorporated on top of the foundation mat, to collect any water which could seep through the mat.

Hazards

- An evacuation and emergency response plan would be developed for the MOB by the project sponsor or building management staff, in consultation with the Mayor's Office of Emergency Services, to insure coordination between the City's emergency planning activities and the project plan, and to provide services to building occupants in the event of an emergency. The emergency plan of the proposed building would be reviewed by the Office of Emergency Services and implemented by building management insofar as possible before issuance by the Department of Public Works of final building occupancy permits.
- To expedite implementation of the City's emergency response plan, the project sponsor would prominently post information for occupants of the MOB concerning what to do in the event of a disaster.

Cultural Resources

- The sponsor would retain the services of a qualified historical archaeologist. The Environmental Review officer (ERO) in consultation with the President of the Landmarks Preservation Advisory Board (LPAB) and the archaeologist would determine whether the archaeologist should instruct all excavation and foundation crews on the project site of the potential for discovery of cultural and historic artifacts, and the procedures to be followed if such artifacts are uncovered.
- An historical archaeologist would be present during site excavation and would record observations in a permanent log. The ERO would also require cooperation of the project sponsor in assisting such further investigations on site as may be appropriate prior to or during project excavation, even if this results in a delay in excavation activities.

In addition, a program of on-site excavation monitoring by a qualified historical archaeologist, designed to allow for the recovery of a representative sample of the cultural materials existing on the site, would be implemented by the project sponsor. This monitoring and recovery program would result in a written report to be submitted to the ERO, with a copy to the project sponsor.

- Should evidence of cultural or historic artifacts of significance be found during project excavation, the Environmental Review Officer (ERO) and the President of the Landmarks Preservation Advisory Board would be notified immediately, and any excavation which could damage such artifacts halted. The project sponsor would select an archaeologist or other expert to help the Office of Environmental Review determine the significance of the find and whether feasible measures, including appropriate security measures, could be implemented to preserve or recover such artifacts. The ERO would then recommend specific mitigation measures, if necessary.

Copies of reports prepared according to this mitigation measure would be sent to the California Archaeological Site Survey Office at Sonoma State University. Excavation or construction that might damage the discovered cultural resources would be suspended for a maximum of four weeks (cumulatively for all instances that the ERO has required a delay in excavation or construction) to permit inspection, recommendation and retrieval, if appropriate.

E. MANDATORY FINDINGS OF SIGNIFICANCE	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>
*1. Does the project have the potential to degrade the quality of the environment, substantially reduce the habitat of a fish or wildlife species, cause a fish or wildlife population to drop below self-sustaining levels, threaten to eliminate a plant or animal community, reduce the number or restrict the range of a rare or endangered plant or animal, or eliminate important examples of the major periods of California history or pre-history?	<u> </u>	<u> X </u>	<u> X </u>

E. MANDATORY FINDINGS OF SIGNIFICANCE (CONT.)

	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>
*2. Does the project have the potential to achieve short-term, to the disadvantage of long-term, environmental goals?	<u> </u>	<u> X </u>	<u> </u>
*3. Does the project have possible environmental effects which are individually limited, but cumulatively considerable? (Analyze in the light of past projects, other current projects, and probable future projects.)	<u> X </u>	<u> </u>	<u> X </u>
*4. Would the project cause substantial adverse effects on human beings, either directly or indirectly?	<u> </u>	<u> X </u>	<u> </u>
*5. Is there a serious public controversy concerning the possible environmental effect of the project?	<u> </u>	<u> X </u>	<u> </u>

The project could contribute to long-term cumulative transportation impacts in the project vicinity.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

F. ON THE BASIS OF THIS INITIAL STUDY:

_____ I find the proposed project COULD NOT have a significant effect on the environment, and a NEGATIVE DECLARATION will be prepared by the Department of City Planning.

_____ I find that although the proposed project could have a significant effect on the environment, there WILL NOT be a significant effect in this case because the mitigation measures, numbers _____ in the discussion, have been included as part of the proposed project. A NEGATIVE DECLARATION will be prepared.

X I find that the proposed project MAY have a significant effect on the environment, and an ENVIRONMENTAL IMPACT REPORT is required.

Barbara W. Sahm

Barbara W. Sahm
Environmental Review Officer

for

Dean L. Macris
Director of Planning

Date: 11/24/05

DISTRIBUTION LIST -- SAINT FRANCIS MEDICAL OFFICE BUILDING
AND PARKING GARAGE ADDITION INITIAL STUDY (85.244E)

GROUPS AND INDIVIDUALS

Nob Hill Association

Nob Hill Neighbors

North of Market Planning Coalition

Polk District Merchant's Association

San Franciscan's for Reasonable Growth

ABUTTING PROPERTY OWNERS (AB/LOT)

251/4

Emile Kingsley

251/8

Ying Yuen Lam & Ngan Ting Ng

251/10

Rochelle Kingsland

251/34

Mike C. & Linda M. Lew

251/35

How Sing & Mei Fung Won

251/36

Douglas and Richard F. Lee

277/1

Cecilia Louison

277/21

Gene & Anita Gee

277/22

David M. & Lily Sage

277/23

John A. & Christina M. Donovan

279/1

Ronald M. Lavigna & Lesley J. Woff

279/2

George C. Louie

280/12

Roycroft Company

280/18

Nee Leong & Lai King Quan

280/19

John E. Hamilton

PROJECT SPONSOR

Saint Francis Memorial Hospital

PROJECT ARCHITECT

Heller & Leake, Architects

APPENDIX B: ARCHITECTURAL RESOURCES

ARCHITECTURAL EVALUATION SURVEYS

The architectural ratings discussed in the text of this report (see pp. 29–32), represent the results of two separate architectural surveys.

SAN FRANCISCO DEPARTMENT OF CITY PLANNING INVENTORY

Between 1974 and 1976, the San Francisco Department of City Planning conducted a citywide inventory of architectural significant buildings. An advisory review committee of architects and architectural historians assisted in the final determination of ratings for the 10,000 buildings, the results of which were entered in an unpublished 60-volume record of the inventory. The rated buildings are also represented on a set of color-coded maps which identify the location and relative significance of each building surveyed. The inventory and maps are on file at the Department of City Planning.

The inventory assessed the architectural significance of the surveyed structures from the standpoint of overall design and particular design features. Both contemporary and older buildings were included, but historical associations were not considered. Each building was given two numerical ratings, for architectural quality and for overall architectural significance, urban design context, and environmental significance. The latter rating is referred to in this report. The ratings ranged from a low of "0" to a high of "5". The architectural survey resulted in a listing of the best 10% of San Francisco's buildings. In the estimation of the inventory participants, buildings rated "3" or higher represent approximately the best 2% of the City's architecture. A full description of the survey rating system is available at the Department of City Planning, 450 McAllister St.

HERITAGE SURVEY

The Foundation for San Francisco's Architectural Heritage, through its consultants, Charles Hall Page & Associates, Inc., conducted an architectural and historical survey of all downtown structures. In 1979, the original inventory results were published in the book Splendid Survivors (Foundation for San Francisco's Architectural Heritage, Splendid Survivors, California Living Books, San Francisco, 1979). A subsequent 1982 Heritage survey evaluated all structures in the C-3 zoning districts in areas not covered in the Splendid Survivors survey ("San Francisco Downtown Architectural Survey: C-3 Zoning District, Final Evaluated List", December 1, 1982). The expanded inventory has not been formally published by Heritage. In 1983, Heritage conducted preliminary ratings of buildings in the South of Market, Tenderloin, and Nob Hill areas. These ratings have not been officially adopted by the Department of City Planning. Criteria considered in rating the buildings for both surveys include Architectural Significance, Historic Context and Negative Alterations. Summary ratings from "A" to "D" were assigned to each building on the basis of these scores. The summary ratings, as described on pp. 12–13 of Splendid Survivors, are listed below:

- A. "Highest Importance. Individually the most important buildings in downtown San Francisco, distinguished by outstanding qualities of architecture, historical values, and relationship to the environment. All A-group buildings are eligible for the National Register, and of high priority for City Landmark status."

- B. "Major Importance. Buildings which are of individual importance by virtue of architectural, historical, and environmental criteria. These buildings tend to stand out for their overall quality rather than for any particular outstanding characteristics. B-group buildings are eligible for the National Register, and of secondary priority for City Landmark status."

The Landmarks Preservation Advisory Board does not distinguish "A" rated and "B" rated buildings for purposes of landmark status.

- C. "Contextual Importance. Buildings which are distinguished by their scale, materials, compositional treatment, cornice and other features. They provide the setting for more important buildings and they add visual richness and character to the downtown area. Many C-group buildings may be eligible for the National Register as part of historic districts."
- D. "Minor or No Importance. Buildings which are insignificant examples of architecture by virtue of original design, or more frequently, insensitive remodeling. This category includes vacant buildings and parking lots. Most D-group buildings are sites of opportunity."

Not Rated. Buildings which have been built or suffered insensitive exterior remodelings since 1945.

APPENDIX C: TRANSPORTATION, CIRCULATION AND PARKING

TRANSPORTATION SYSTEM MANAGEMENT (TSM) PROGRAM

Saint Francis Memorial Hospital has a series of programs related to the transportation needs of its employees and patients. This section summarizes these programs./1/

Parking Fee Subsidies: The monthly parking fee in the parking lot on the Medical Office Building site and in the Pine St. garages is \$90.00. The fee for day-shift employees that carpool (three or more people per vehicle) is \$48.00 per month, with the Hospital subsidizing the difference. However, the Hospital also underwrites a portion of the parking fee paid by day-shift employees that do not carpool; the monthly fee is \$63.00. Therefore, the incentive to carpool is reduced, as the differential saving between carpoolers and other drivers is lowered to \$15.00 per month. The daily parking fee is \$5.50, reduced to \$4.25 for day-shift employees with validation. At present, the Hospital subsidizes about seven carpools, 150 monthly single-occupant drivers, and 25 - 30 daily single-occupant drivers. In addition to these day-shift subsidies, the Hospital provides free parking for evening and night-shift employees and physicians. The number of monthly single-occupant subsidized parking is limited, by availability, to 150 spaces. There is a waiting list of about 10 to 15 employees, who receive daily subsidies while they wait for a monthly parking sticker; the average wait is about two months. There is never a waiting list for carpool subsidies; so as to encourage carpooling, the Hospital provides these upon request.

The fee for short-term parking is \$0.80 for each 20 minutes. The current rate structure favors long-term parking since the fee for 2 hours and 20 minutes exceeds the all-day fee.

On-Site Sale of Transit Passes: The hospital began the dispersement of transit information and the on-site sale of transit passes to employees in January 1985. The transit systems involved are Muni, BART, Golden Gate Transit and A.C. Transit. In addition, the Hospital will order passes for SamTrans, Santa Clara County Transit and Central Contra Costa Transit upon request. For the month of February, 1986, about 175 transit passes were sold through the Hospital Business Office; of these, about 125 were for Muni and about 40 were for BART.

Pick-up Services: Saint Francis Hospital began the Saint Francis Shuttle on November 4, 1985. The service provides free, door-to-door, one-way or roundtrip, transportation for all inpatients, patients scheduled for same-day surgery, members of the Hospital's Healthwise Senior Program for all pre-scheduled medical appointments, and one or two accompanying relatives or friends. The pick-up point must be within the County of San Francisco and must be scheduled at least 24 hours in advance. Currently the service generates about seven patient trips per day, but as its availability becomes more well-known, an increase to an average use of 25 patient trips per day is projected.

Radiation Treatment Pick-up Service: This service has been available for about 13 years. Roundtrip service is provided. There is no charge to the patient; however, the service is provided based on financial need. For FY 1985 (July 1984-June 1985), the average volume was 170 patient trips per month. Currently, the average is 200 patient trips per month.

A survey of Saint Francis Memorial Hospital's employees was taken in October 1985. Information obtained included mode of travel and arrival/departure times for physicians, nurses and other staff at the hospital and existing medical building. Table C-1, p. A-36 shows the results of the survey. Table C-2, p. A-37 gives a breakdown of hospital staff by department and work shift.

TABLE C-1 EXISTING EMPLOYEE MODAL SPLIT AND ARRIVAL/DEPARTURE TIMES FOR SAINT FRANCIS MEMORIAL HOSPITAL AND MEDICAL BUILDING (909 Hyde St. Medical Building)/a/

<u>Travel Mode</u>	<u>Medical Building</u>	<u>Medical Building</u>	<u>Hospital</u>		
	<u>Physicians</u>	<u>Staff</u>	<u>Nurses</u>	<u>Other Staff</u>	<u>Physicians</u>
Drive Alone	96%	36%	53%	43%	75%
Carpool	0%	6%	14%	10%	0%
Dropped Off/ Picked Up	0%	0%	2%	6%	0%
Muni	2%	28%	10%	16%	0%
Muni-to-BART	0%	5%	8%	12%	0%
Walk	2%	17%	8%	7%	8%
Golden Gate Transit	0%	0%	4%	4%	8%
Other	0%	8%	0%	2%	8%

Arrival:

Before 7 a.m.	15%	0%	33%	19%	22%
7:00 - 8:00 a.m.	30%	11%	19%	25%	47%
8:00 - 9:00 a.m.	23%	67%	12%	41%	17%
9:00 - 11:00 a.m.	18%	17%	2%	3%	10%
11:00 - 1:00 p.m.	7%	0%	0%	0%	2%
1:00 - 4:00 p.m.	8%	5%	23%	9%	2%
4:00 - 5:00 p.m.	0%	0%	5%	0%	0%
5:00 - 6:00 p.m.	0%	0%	0%	0%	0%
After 6:00 p.m.	0%	0%	7%	3%	0%

Departure

Before 7 a.m.	0%	0%	0%	0%	0%
7:00 - 8:00 a.m.	0%	0%	5%	1%	0%
8:00 - 9:00 a.m.	0%	0%	2%	2%	0%
9:00 - 11:00 a.m.	1%	1%	0%	0%	0%
11:00 - 1:00 p.m.	2%	1%	0%	0%	0%
1:00 - 4:00 p.m.	8%	1%	28%	12%	16%
4:00 - 5:00 p.m.	13%	8%	19%	24%	4%
5:00 - 6:00 p.m.	22%	69%	14%	42%	27%
After 6:00 p.m.	55%	20%	33%	20%	53%

/a/ Columns may not add to 100% due to rounding.

SOURCE: Saint Francis Memorial Hospital Survey prepared and conducted by Environmental Science Associates, Inc., October, 1985

TABLE C-2 SAINT FRANCIS MEMORIAL HOSPITAL PERSONNEL BY DEPARTMENT AND WORK SHIFT

	<u>DAYS</u> <u>(7 a.m. - 3 p.m.)</u>	<u>EVENINGS</u> <u>(3 p.m. - 11 p.m.)</u>	<u>NIGHTS</u> <u>(11 p.m. - 7 a.m.)</u>	<u>TOTAL</u>
Officials & Managers	101	4	1	106
Professionals	260	78	45	383
Technicians	94	40	12	146
Sales Workers	2	--	--	2
Office & Clerical	181	16	3	200
Craft Workers (skilled)	6	2	2	10
Operatives (semi-skilled)	4	--	--	4
Service Workers	<u>122</u>	<u>34</u>	<u>7</u>	<u>163</u>
TOTAL	770	174	70	1,014

SOURCE: Saint Francis Memorial Hospital Personnel Department, Vizma Cantwell, Director,
November 25, 1985

SAINT FRANCIS HOSPITAL QUESTIONNAIRE SURVEY AND RESULTS

A survey of employees, patients and visitors at Saint Francis Memorial Hospital facilities was conducted by Environmental Science Associates, Inc. in October 1985. The purpose of the survey was to obtain data concerning travel habits (modes of travel, arrival and departure times, parking locations, midday travel) of people going to the hospital and the 909 Hyde St. medical building (medical building). Office managers in the medical building were also surveyed to determine the average number of physicians and non-physician staff members per office, and the average number of patients per day per office. Table C-3, below, lists the types of surveys administered and the number of responses received from each.

TABLE C-3: SAINT FRANCIS MEMORIAL HOSPITAL AND MEDICAL BUILDING SURVEY RESPONSES

Type of Survey	Distributed	Returned/a/	Used/a/	Survey Used as % of Distribution
Medical Building:				
Physicians	88	32	30	34%
Office Managers	48	21	21	44%
Staff	167	40	37	22%
Patients	336	55	44	13%
Hospital:				
Physicians	30	12	12	40%
Staff	500	207	189	38%
Outpatients	400	63	60	15%
Visitors	230	37	37	16%

/a/ Some returned questionnaires were rejected for imprecise responses (e.g. listing two residence locations).

SOURCE: Environmental Science Associates, Inc.

The questionnaire data for the hospital occupants were used as part of the evaluation of the Hospital's TSM Program (see pp. A-35 - A-37 of this appendix), and the parking demand reduction analysis (see p. 76). The questionnaire data for the medical building occupants were used to estimate the proposed medical building's staff/patient composition and the number of trips to be generated by them. Table C-4, p. A-39 summarizes the characteristics of the 909 Hyde Street medical building.

TABLE C-4: 909 HYDE STREET MEDICAL BUILDING CHARACTERISTICS/a/

<u>Component</u>	<u>Average Number Per Office</u>
Physician	1.8/b/
	<u>Average Number Per Physician</u>
Staff: Full-time	1.3/c/
Part-time	0.6
Patients	13.0/day

/a/ Based on sample size of 21 office managers.

/b/ Based on 48 offices and 88 physicians listed on the building directory.

/c/ Includes office manager.

SOURCE: Saint Francis Memorial Hospital Survey prepared and conducted by Environmental Science Associates, Inc., October 1985

Based on these characteristics and an assumed 990 sq. ft. per office/2/, the proposed medical building would have about 35 offices and about 65 physicians. There would be about 120 support staff employees. The proposed medical building would also have about 14,830 gross sq. ft. of ancillary functions (lab and therapy facilities). It is assumed that all ancillary non-employee trips are already accounted for in other trip generation estimates (patients and other visitors). Using a rate of one ancillary employee per 1,000 gross sq. ft./3/ there would be about 15 ancillary employees, for a total of about 135 medical building support staff employees. There would be about 830 patients per day.

Trip Generation Rates of Saint Francis Medical Building Users: The assumed daily, peak-period and peak-hour trip generation rates were based on the results of the Saint Francis Hospital survey, the Pan-Med Center EIR/4/, and the St. Mary's medical building DEIR/3/, as follows:

Daily:

Physicians - 3.7 person trips/day (Saint Francis Survey)

Medical Building Employees - 4.0 person trips/day (Pan-Med EIR)

Patients - 2.0 person trips/day

Other medical building visitors - 8.0 person trips/physician/day (Pan-Med EIR)
(deliveries, salesperson, service)

P.M. Peak Period (4:00 - 6:00):

Physicians - 35% of the physicians would be outbound (Saint Francis Survey)

Medical Building Employees - 77% of the employees would be outbound (Saint Francis Survey)

Patients - 18% of the patients would be inbound and 18% would be outbound (Saint Francis Survey)

Other medical building visitors - 7% of these medical building users would be inbound and 7% would be outbound (St. Mary's DEIR)

P.M. Peak Hour (4:30 - 5:30):

Physicians - 18% of the physicians would be outbound (Saint Francis Survey)

Medical Building Employees - 64% of the employees would be outbound (Saint Francis Survey)

Patients - 9% of the patients would be inbound and 9% would be outbound (Saint Francis Survey)

Other medical building visitors - 1% of these medical building users would be inbound and 1% would be outbound (Pan-Med EIR)

Table C-1, p. A-36 provides the modal split and arrival/departure times for the physicians and employees. Table C-5, p. 41, gives the modal split for the patients. All of the Other medical building Visitors are expected to drive alone. Table C-6, p. A-42 gives the geographical distribution of the medical building users. The largest number of physicians (48%), employees (68%) and patients (66%) live in San Francisco. Table C-7, p. A-43 gives the distribution of patient appointments. The survey indicated an average appointment of about 30 minutes.

Parking Characteristics of Medical Building Users: The questionnaire surveys obtained data of parking locations for users of Saint Francis Memorial Hospital and medical building. Table C-8, p. A-43 gives the breakdown of those using off-street facilities (garage or surface lot) and on-street parking spaces. Table C-9, p. A-44 shows the estimated parking demand from the different people projected to use the new medical building. The retail space is expected to generate a need for three parking spaces.

TABLE C-5: EXISTING PATIENT AND VISITOR MODAL SPLIT FOR SAINT FRANCIS MEMORIAL HOSPITAL AND MEDICAL OFFICE BUILDING (909 Hyde St. Medical Building)/a/

<u>Travel Mode</u>	<u>Medical Building Patients</u>	<u>Hospital</u>	
		<u>Outpatients</u>	<u>Visitors</u>
Drive Alone	59%	48%	58%
Public Transit	25%	18%	18%
Dropped Off/ Picked Up	5%	15%	3%
Walk	5%	8%	16%
Taxi	7%	10%	5%

/a/ See Table C-1, p. A-36 for employee modal split.

SOURCE: Saint Francis Memorial Hospital Survey prepared and conducted by Environmental Science Associates, Inc., October 1985

TABLE C-6: RESIDENTIAL/ORIGIN OF TRIP DISTRIBUTION FOR SAINT FRANCIS HOSPITAL AND MEDICAL OFFICE BUILDING (Medical Building)/a/

Geographic Area	All Physicians	Hospital			909 Hyde St.		
		Nurses	Other Staff	Out-Patients	Visitors	Staff	Patients
San Francisco							
Downtown/Northeast (East of Van Ness, North of I80/101)	5%	8%	7%	30%	26%	16%	25%
Northwest (Richmond, Marina Western Addition)	19%	15%	22%	20%	24%	27%	14%
Southwest (Sunset, Parkside, Ingleside, Excelsior, Twin Peaks, and Upper Market)	24%	22%	19%	20%	13%	22%	18%
Southeast (Potrero Hill, Bayview, Hunters Point, East and South of 101)	0%	8%	6%	5%	5%	3%	9%
San Francisco Total	48%	53%	54%	75%	68%	68%	66%
Peninsula (San Mateo and Santa Clara Co.)	17%	18%	12%	12%	8%	22%	14%
East Bay (Alameda and Contra Costa Co.)	2%	20%	19%	4%	18%	3%	14%
North Bay (Marin and Sonoma Counties)	33%	10%	14%	9%	5%	8%	7%

/a/ Columns may not add to 100% due to rounding.

SOURCE: Saint Francis Memorial Hospital Survey prepared and conducted by Environmental Science Associates, Inc., October 1985

TABLE C-7: EXISTING MEDICAL BUILDING PATIENT APPOINTMENT DISTRIBUTION

<u>Time</u>	<u>Appointment %</u>
8:00 - 9:00 a.m.	0.5%
9:00 - 10:00	6%
10:00 - 11:00	15%
11:00 - 12:00 Noon	12%
12:00 - 1:00 p.m.	0.5%
1:00 - 2:00	10%
2:00 - 3:00	18%
3:00 - 4:00	18%
4:00 - 5:00	16%
5:00 - 6:00	3%
after 6:00 p.m.	1%

SOURCE: Saint Francis Memorial Hospital Survey prepared and conducted by
Environmental Science Associates, Inc., October 1985

TABLE C-8: PARKING LOCATIONS FOR SAINT FRANCIS MEMORIAL HOSPITAL
AND MEDICAL BUILDING (909 Hyde St. Medical Building)

<u>Component</u>	<u>Off-Street</u>	<u>On-Street</u>
Physician	100%	0%
<u>Hospital</u>		
Nurses	91%	9%
Other Staff	74%	26%
Outpatients	53%	47%
Visitors	40%	60%
<u>Medical Building</u>		
Staff	79%	21%
Patients	70%	30%

SOURCE: Saint Francis Memorial Hospital Survey prepared and conducted by
Environmental Science Associates, Inc., October 1985

TABLE C-9: ESTIMATE OF PARKING ACCUMULATION AT PROPOSED MEDICAL BUILDING

Time	<u>Medical Building</u>				<u>Accumulated Parking Demand</u>
	<u>Physicians Vehicles</u>	<u>Employees Vehicles</u>	<u>Patients Vehicles</u>	<u>Other Visitors Vehicles</u>	
Before 7:00 a.m.	10	0	0	0	10
7:00 - 8:00	29	6	0	0	35
8:00 - 8:30	36	24	1	12	73
8:30 - 9:00	43	41	1	13	98
9:00 - 9:30	47	44	14	32	137
9:30 - 10:00	50	47	15	32	144
10:00 - 10:30	52	49	37	32	170
10:30 - 11:00	53	50	37	32	172
11:00 - 11:30	55	46	29	32	162
11:30 - 12:00 Noon	57	46	30	32	165
12:00 - 12:30 p.m.	55	46	1	32	134
12:30 - 1:00	57	46	1	32	136
1:00 - 1:30	57	51	24	32	164
1:30 - 2:00	58	51	25	32	166
2:00 - 2:30	57	51	44	32	184
2:30 - 3:00	56	51	44	32	183
3:00 - 3:30	56	51	44	32	183
3:30 - 4:00	57	50	44	32	183
4:00 - 4:30	53	48	40	32	173
4:30 - 5:00	49	46	39	4	138
5:00 - 5:30	42	28	8	3	81
5:30 - 6:00	35	10	7	0	52
After 6:00 p.m.	0	0	0	0	0

SOURCE: Saint Francis Memorial Hospital Survey, October 1985, and Environmental Science Associates, Inc.

SAINT FRANCIS HOSPITAL PARKING INVENTORY AND PARKING USAGE SURVEY

Environmental Science Associates, Inc. conducted an inventory of on-street parking supply and regulations in the area surrounding the Saint Francis Memorial Hospital/Medical Building. Copies of the survey forms are on file at the Department of City Planning, 450 McAllister St. Figure 15, p. 41, shows the boundaries of the survey area. Of the 87 block faces surveyed, 37 have parking meters, 38 are in residential permit parking (RPP) zones, 10 are unmetered, with a time limit of one hour and two have white curbs for passenger discharge and pick-up only. Fifteen of the block faces prohibit parking during the p.m. peak period (4:00-6:00 p.m.). These blocks are on Sacramento, Pine and Sutter Sts. There was a total of about 1,030 legal parking spaces.

To evaluate the average afternoon on-street parking conditions, Environmental Science Associates, Inc. conducted a parking usage survey on three successive weeks, October 17, 23 and 29, 1985, from 1:00 to 4:30 p.m. The survey team made three round trips within sections of the study area, noting the license plate numbers of each vehicle and whether the vehicle was illegally parked, had a residential permit sticker, and or was a commercial vehicle. The illegal actions noted were double parking, and parking in areas signed for no parking, at fire hydrants, bus stops, driveways and other red-curb areas. It did not include overtime parking. The data collected were analyzed to determine the values of various indicators of parking conditions. Table C-10, p. A-46, summarizes these results.

There is no definitive pattern as to occupancy rates and block face location, but those north of the hospital generally have higher rates than those to the south within the survey area. Residential permit parking tends to be higher in the zones between Sacramento and California Sts., and lower in the zones along Pine St. The latter could be due to the parking prohibition from 4:00 to 6:00 p.m. which discourages long-term parking. There is no definitive pattern with respect to illegal parking percentages.

A practice observed, but not quantified, was that of "feeding the meter" to extend the length of time a vehicle could park in the same location. This defeats the purpose of time limits for on-street parking, namely increased parking availability.

Table C-11 (p. A-47) gives a description of the off-street parking facilities which either are owned by the Hospital, or which contain parking spaces leased by the Hospital.

PARKING DEMAND REDUCTION SCENARIOS WORKSHEETS

Table C-12 (p. A-48) provides data used for the parking demand reduction scenarios (see p. 76). These data were derived from the questionnaire surveys and the assumed modal shifts under each scenario.

TABLE C-10: SUMMARY OF PARKING USAGE SURVEY DATA

<u>Indicator</u>	<u>Study Area</u>	<u>Area with Meters</u>	<u>Residential Parking Zones</u>
Peak Occupancy Rate/a/	112%	116%	118%
Average Occupancy Rate/b/	104%	106%	110%
Turnover Rate/c/	1.6	2.0	1.5
% Illegal Parking	10%	11%	9%
% Commercial Vehicle Parking	4%	4%	4%
% Residential Permit Parking	N/A	N/A	49%

/a/ The peak occupancy rate is the weighted average of the highest number of parked vehicles during the survey period, divided by the number of legal spaces, on the block faces in the area or zone.

/b/ The average occupancy rate is the weighted average of the average number of parked vehicles during the survey period, divided by the number of legal spaces, on the block faces in the area or zone. See Figure 16, p. 40 for the average occupancy rates on each block in the survey area.

/c/ The turnover rate is the number of vehicles per legal space during the survey time period of three and one-half hours.

SOURCE: Parking usage survey conducted by Environmental Science Associates, Inc., on October 17, 23 and 29, 1985.

TABLE C-11 DESCRIPTION OF PARKING FACILITIES OWNED OR PARTIALLY
LEASED BY SAINT FRANCIS MEMORIAL HOSPITAL

<u>ADDRESS</u>	<u>GARAGE OR LOT</u>	<u>LEASED OR OWNED</u>	<u># OF SPACES</u>	<u>USE RESTRICTION</u>	<u>ZONING</u>
St. Francis Garage	Garage	Owned	112	Medical Bldg staff; patients; visitors (7am -9pm) Hospital Staff (11pm to 7am)	RC-4
Pine St, west of Hyde St.	Lot	Owned	70	Physicians	RC-4
1234 Pine St. Garage	Garage	Owned	150	Hospital Staff (7am to 3pm) Public (if space remains 7am to 9pm)	RC-4
Southeast corner of Bush/ Hyde Sts.	Lot	Owned	55	Public (7am to 11pm) Hospital Staff (11pm to 7am)	RC-4
State Garage (818 Leavenworth St.)	Garage	Leased	15	Hospital Staff (7am to 3pm)	RC-4
1075 Larkin St.	Garage	Leased	40	Hospital Staff (7am to 11pm)	Polk NCD

SOURCE: Robert L. James, Associate Administrator and Thomas Payne, Parking Coordinator, both with Saint Francis Memorial Hospital, and Environmental Science Associates, Inc.

TABLE C-13: PASSENGER LEVELS OF SERVICE ON BUS TRANSIT

<u>Level of Service</u>	<u>Description</u>	<u>Passengers per Seat</u>
A	Level of Service A describes a condition of excellent passenger comfort. Passenger loadings are low with less than half the seats filled. There is little or no restriction on passenger maneuverability. Passenger loading times do not affect scheduled operation.	0.00- 0.50
B	Level of Service B is in the range of passenger comfort with moderate passenger loadings. Passengers still have reasonable freedom of movement on the transit vehicle. Passenger loading times do not affect scheduled operations.	0.51- 0.75
C	Level of Service C is still in the zone of passenger comfort, but loadings approach seated capacity and passenger maneuverability on the transit vehicle is beginning to be restricted. Relatively satisfactory operating schedules are still obtained as passenger loading times are not excessive.	0.76- 1.00
D	Level of Service D approaches uncomfortable passenger conditions with tolerable numbers of standees. Passengers have restricted freedom to move about on the transit vehicle. Conditions can be tolerated for short periods of time. Passenger loadings begin to affect schedule adherence as the restricted freedom of movement for passengers requires longer loading times.	1.01- 1.25
E	Level of Service E passenger loadings approach manufacturers' recommended maximums and passenger comfort is at low levels. Freedom to move about is substantially diminished. Passenger loading times increase as mobility of passengers on the transit vehicle decreases. Scheduled operation is difficult to maintain at this level. Bunching of buses tends to occur which can rapidly cause operations to deteriorate.	1.26- 1.50
F	Level of Service F describes crush loadings. Passenger comfort and maneuverability is extremely poor. Crush loadings lead to deterioration of scheduled operations through substantially increased loading times.	1.51- 1.60

SOURCE: Environmental Science Associates, Inc. from information in the Interim Materials on Highway Capacity, Transportation Research Circular 212, pp. 73-113, Transportation Research Board, 1980.

TABLE C-14: VEHICULAR LEVELS OF SERVICE AT SIGNALIZED INTERSECTIONS

<u>Level of Service</u>	<u>Description</u>	<u>Volume/Capacity (v/c) Ratio/a/</u>
A	Level of Service A describes a condition where the approach to an intersection appears quite open and turning movements are made easily. Little or no delay is experienced. No vehicles wait longer than one red traffic signal indication. The traffic operation can generally be described as excellent.	less than 0.60
B	Level of Service B describes a condition where the approach to an intersection is occasionally fully utilized and some delays may be encountered. Many drivers begin to feel somewhat restricted within groups of vehicles. The traffic operation can generally be described as very good.	0.61-0.70
C	Level of Service C describes a condition where the approach to an intersection is often fully utilized and back-ups may occur behind turning vehicles. Most drivers feel somewhat restricted, but not objectionably so. The driver occasionally may have to wait more than one red traffic signal indication. The traffic operation can generally be described as good.	0.71-0.80
D	Level of Service D describes a condition of increasing restriction causing substantial delays and queues of vehicles on approaches to the intersection during short times within the peak period. However, there are enough signal cycles with lower demand such that queues are periodically cleared, thus preventing excessive back-ups. The traffic operation can generally be described as fair.	0.81-0.90
E	Capacity occurs at Level of Service E. It represents the most vehicles that any particular intersection can accommodate. At capacity there may be long queues of vehicles waiting upstream of the intersection and vehicles may be delayed up to several signal cycles. The traffic operation can generally be described as poor.	0.91-1.00
F	Level of Service F represents a jammed condition. Back-ups from locations downstream or on the cross street may restrict or prevent movement of vehicles out of the approach under consideration. Hence, volumes of vehicles passing through the intersection vary from signal cycle to signal cycle. Because of the jammed condition, this volume would be less than capacity.	1.01+

/a/ Capacity is defined as Level of Service E.

SOURCE: San Francisco Department of Public Works, Traffic Division, Bureau of Engineering from Highway Capacity Manual, Highway Research Board, 1965

TABLE C-15: VEHICULAR LEVELS OF SERVICE FOR FREEWAYS

<u>Level of Service</u>	<u>Description</u>	<u>Volume/Capacity (V/C) Ratio/a/</u>
A	Level of Service A describes a condition of free flow, with low volumes and high speeds. Traffic density is low, with speeds controlled by driver desires, speed limits, and physical roadway conditions. There is little or no restriction in maneuverability due to the presence of other vehicles, and drivers can maintain their desired speeds with little or no delay.	0.00– 0.60
B	Level of Service B is in the higher speed range of stable flow, with operating speeds beginning to be restricted somewhat by traffic conditions. Drivers still have reasonable freedom to select their speed and lane of operation. Reductions in speed are not unreasonable, with a low probability of traffic flow being restricted.	0.61– 0.70
C	Level of Service C is still in the zone of stable flow, but speeds and maneuverability are more closely controlled by higher volumes. Most of the drivers are restricted in their freedom to select their own speed, change lanes, or pass. A relatively satisfactory operating speed is still obtained.	0.71– 0.80
D	Level of Service D approaches unstable flow, with tolerable operating speeds being maintained though considerably affected by changes in operating conditions. Fluctuations in volume and temporary restrictions to flow may cause substantial drops in operating speeds. Drivers have little freedom to maneuver, and comfort and convenience are low, but conditions can be tolerated for short periods of time.	0.81– 0.90
E	Level of Service E cannot be described by speed alone, but represents operations at even lower operating speeds (typically about 30 to 35 mph) than in Level D, with volumes at or near the capacity of the highway. Flow is unstable, and there may be stoppages of momentary duration.	0.91– 1.00
F	Level of Service F describes forced flow operation at low speeds (less than 30 mph), in which the freeway acts as storage for queues of vehicles backing up from a restriction downstream. Speeds are reduced substantially and stoppages may occur for short or long periods of time because of downstream congestion. In the extreme, both speed and volume can drop to zero.	1.00+

/a/ Capacity is defined as Level of Service E.

SOURCE: Environmental Science Associates, Inc., from information in the Highway Capacity Manual, Special Report 87, Highway Research Board, 1965.

NOTES - Appendix C

/1/ Discussion of the Transportation System Management program is based on information provided by Lois Haggerty, Director of Planning, letter, November 12, 1985, Robert James, Associate Administrator, memorandum, October 31, 1985, and Thomas Payne, Parking Coordinator, telephone conversations, March 18, 1986 and September 24, 1986.

/2/ The 909 Hyde St. medical building has 47,404 sq. ft. of usable floor area. This total was given by Robert James, Associate Administrator, Saint Francis Memorial Hospital, December 16, 1985 in a telephone conversation. This translates into an average floor area of 990 sq. ft. per office and 540 sq. ft. per physician. The assumption that the proposed medical building would exhibit the same characteristics as the 909 Hyde St. medical building is a conservative scenario, and could overestimate the actual trip generation and parking demand figures.

/3/ San Francisco Department of City Planning, St. Mary's Medical Office Building DEIR (EE 83.327), May 3, 1985.

/4/ San Francisco Department of City Planning, Pan-Med Center EIR (EE 78.325), certified September 4, 1980.

APPENDIX D: AIR QUALITY

APPENDIX D-1: SAN FRANCISCO AIR POLLUTANT SUMMARY 1981-1984

STATION: 900 23rd Street, San Francisco

<u>POLLUTANT:</u>	<u>STANDARD</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984/i/</u>
OZONE (O3) (Oxidant)					
1-hour concentration, ppm/a/					
Highest hourly average	0.10 /b/ 0.12 /c/	0.07	0.08	0.13	0.10
Number of excesses of state standard		0	0	1	1
Expected Annual Excess (federal)/d/		0.0	0.0	0.3	-
CARBON MONOXIDE (CO)					
1-hour concentration, ppm					
Highest hourly average	20 /b,e/	8	12	7	-
Number of excesses of standard		0	0	0	-
8-hour concentration, ppm					
Highest 8-hour average	9 /b,c/	5.3	9.1	5.1	10.8
Number of excesses of standard		0	1	0	1
TOTAL SUSPENDED PARTICULATE (TSP)					
24-hour concentration, XXug/m3/a/					
Highest 24-hour average	100 /b,f/	103	126	117	-
Number of excesses of standard/g/		1	3	4	-
Annual concentration, XXug/m3					
Annual Geometric Mean	60 /b,f/	56	57	55	60
Annual excess of standard		No	No	No	Yes
LEAD (Pb)					
30-day concentration, XXug/m3					
Highest 30-day average	1.5 /b/	0.6	0.7	0.4	-
Number of excesses of standard		0	0	0	-
NITROGEN DIOXIDE (NO2)					
1-hour concentration, ppm					
Highest hourly average	0.25 /b/	0.11	0.13	0.13	0.14
Number of excesses of standard		0	0	0	0
SULFUR DIOXIDE (SO2)					
24-hour concentration, ppm					
Highest 24-hour average	0.05 /b/	0.016	0.012	0.018	0.03
Number of excesses of standard/g,h/		0	0	0	0

/a/ ppm: parts per million. XXug/m3: micrograms per cubic meter.

/b/ State standard, not to be equaled or exceeded, except for CO standards, which are not to be exceeded.

/c/ Federal standard, not to be exceeded more than once per year, except for annual standards, which are not to be exceeded.

(Continued)

APPENDIX D-1: SAN FRANCISCO AIR POLLUTANT SUMMARY 1981-1984 (Continued)

/d/ Expected Annual Excess is a three-year average of annual excesses of the federal standard.

/e/ The state one-hour CO standard was revised from 35 ppm to 20 ppm in January 1983. The federal one-hour standard remains 35 ppm.

/f/ The California ARB has redefined the state particulate standard to apply to "inhalable" particulates only (i.e., those which have a diameter less than ten microns). The new standards are 50 XXug/m³ for 24-hour averages and 30 XXug/m³ for the annual geometric mean. No data is currently available on the particle size distribution of the TSP sampled at the San Francisco monitoring station.

/g/ Number of observed excess days (measurements taken once every six days).

/h/ Exceeding the SO₂ standard is a violation only if a concurrent excess of the state ozone or TSP standards occurs at the same station. Otherwise, the federal standard of 0.14 ppm applies.

/i/ 1981 - 1984 data collected at 900 - 23rd Street

SOURCE: BAAQMD, 1981 - 1983, Air Quality in the San Francisco Bay Area; and CARB, 1981 - 1984, California Air Quality Data.

APPENDIX E: NOISE

TABLE E-1: TYPICAL NOISE LEVELS

	<u>Decibels</u>	
Very Loud	110	Pile driver (from 50 ft.)
	100	Light helicopter take-off (from 125 ft.)
	90	Diesel truck (from 50 ft.)
	80	Radio or TV playing in Living Room
	70	Passenger car on city street (from sidewalk)
	60	
	50	
	40	Whisper
		Rustle of paper
	30	

SOURCE: Department of City Planning, "A Proposal for Citizen Review: Transportation Noise, Environmental Protection Element of the Master Plan of San Francisco," August, 1984.

